Combined Group Membership in Calhoun County

Formosa Plastics Corp., Texas Formosa Plastics Corp., America Nan Ya Plastics Corp., America Formosa Utility Venture, LTD Formosa Transrail Corp. Formosa Hydorcarbons Neumin Production Company Lavaca Pipeline Formosa Olefins, L.L.C. Formosa Industries Corporation Nan Ya Plastics Corp., Texas

Contact Information

Jack Wu PO Box 700 Point Comfort, TX 77978 361/987-7700 jackwu@ftpc.fpcusa.com

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X2016	05-102	Texas Fra	anchise	e Tax Pu	blic Information	on Repo	ort							
/er. 7.0	(Rev.9-15/33)	and constraints a second second			y Companies (LLC), Lin and Financial Institutio		rships (LP),							
	Tcode 13196	5												
Taxpayer r	number			Report yea	ar		ou have c							
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axpayer name		STICS CORPORAT	CION,				7	ox if the m	-			-		
A ailing address								Secreta						or
	TREE HILL R				1 min			Comptr	oller f	ile nur	nber			
City LIVIN	GSTON	State NJ	ſ		ZIP code plus 407 ()39		0005	107	506				
^o rincipal place o ou must report	of business POINT COM	MFORT, TX MFORT, TX er, general partner and mana is report must be sign						1.2		2 3	5	5 4		1 9
Principal place o You must report Please sig	of business POINT CON officer, director, memb gn below! Th	IFORT, TX er, general partner and mana	ied to sa	atisfy franc	hise tax requirem	Director	ES Term	1 2	2 2 m	2 3 m	5 : d	5 4 d	6 4 у	4 8 y
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Principal place o You must report Please sign SECTION A Name SEE ATT?	of business POINT COM officer, director, memb gn below! Th Name, title and mailine ACHMENT	MFORT, TX er, general partner and mana is report must be sign	rector, me	atisfy franc	hise tax requirem	Director	expir State ES Term	ation	2 2 2 m	r			6 ² у	
Principal place o fou must report Please sig SECTION A Name SEE ATT <i>I</i> Mailing address	of business POINT COM officer, director, memb gn below! Th Name, title and mailin ACHMENT	MFORT, TX er, general partner and mana is report must be sign	rector, mer Title City	atisfy franc	hise tax requirem	Director	expir State ES Term	ation		m	ZIP Co	de d		
Principal place o You must report Please signature SECTION A Name SEE ATT? Mailing address Name	of business POINT COM officer, director, memb gn below! Th Name, title and mailin ACHMENT	MFORT, TX er, general partner and mana is report must be sign	rector, mer Title City Title	atisfy franc	hise tax requirem	Director Director Director Director	ES Term State State State State	ation		m	d	de d		у

FORMOSA UTILITY VENTURE	TX	0005752510	29
lame of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
FORMOSA OLEFINS, L.L.C.	TX	0802300613	46

SECTION C Enter information for each corporation, LLC, LP, PA or financial	institution, if any, that owns an	n interest of 10 percent or more in this er	ntity.
Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
FORMOSA PLASTICS CORPORATION, U.S.A.	DE	0801274618	100
Registered agent and registered office currently on file. (see instructions if you na Agent: CORPORATION SERVICE COMPANY		ou must make a filing with the Secretary ent, registered office or general partner	
Office: 800 BRAZOS ST STE 750	City AUSTIN	State TX	ZIP Code 78701

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution. David 11 .

Sign David Lin Title Date Area code and pho	2090

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FORMOSA PLASTICS CORPORATION, TEXAS FOR THE REPORT YEAR 2016 TAXPAYER NUMBER: 12223554648

A STATEMENT ATTACHED TO AND MADE PART OF FORM 05-102 SECTION A

NAME	TITLE	TITLE DIRECTOR ADDRESS						
WONG, WILLIAM	DIRECTOR	YES	9 PEACH	I TREE HILL	ROAD, 1	LIVINGSTON,	NJ	07039
WANG, SUSAN	DIRECTOR	YES	9 PEACH	I TREE HILL	ROAD, 1	LIVINGSTON,	NJ	07039
LIN, JASON	DIRECTOR/PRESIDENT	YES	9 PEACH	H TREE HILL	ROAD, 1	LIVINGSTON,	NJ	07039
LEE, C.T.	DIRECTOR	YES	9 PEACH	H TREE HILL	ROAD, 1	LIVINGSTON,	NJ	07039
CHEN, WALTER	DIRECTOR/EVP	YES	9 PEACH	H TREE HILL	ROAD,	LIVINGSTON,	NJ	07039
LIN, DAVID	DIRECTOR/SVP/TREASURER	YES	9 PEACE	H TREE HILL	ROAD,	LIVINGSTON,	NJ	07039
LEE, H.C.	VP	NO	9 PEACI	H TREE HILL	ROAD,	LIVINGSTON,	NJ	07039
WU, JACK	VP	NO	9 PEAC	H TREE HILL	ROAD,	LIVINGSTON,	NJ	07039
CRABTREE, RICK	VP	NO	9 PEAC	H TREE HILL	ROAD,	LIVINGSTON,	NJ	07039
ALAN CHIANG	VP	NO	9 PEAC	H TREE HILL	ROAD,	LIVINGSTON,	NJ	07039
NIGHTINGALE, ALICE	SECRETARY	NO	9 PEAC	H TREE HILL	ROAD,	LIVINGSTON,	NJ	07039

TX102P01	E5.0	0.03
1/10/21 01	1 0.0	0.04

Taxpayer number

12230265949

TX2016	05-102
Ver. 7.0	(Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

Tcode 13196

Report year

You have certain rights under Chapter 552 and 559. Government Code, to review, request, and correct information we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name	FORMOSA	PLASTICS	CORPORATION,	AMERICA		Check box if the mailing address has changed.
Mailing address 9 PEACH	TREE HIL	L ROAD				Secretary of State (SOS) file number or Comptroller file number
City LIVING	GSTON		State NJ	ZIP code plus 40	7039	0008177006

Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

2016

Principal office POINT COMFORT, TX

Principal place of business POINT COMFORT, TX

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.



SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name SEE ATTACHMENT	Title		Direc	tor YES	Term expiration	m	m	d	d	У	У
Mailing address	City				State			ZIPC	ode		
Name	Title		Dire	ctor YES	Term expiration	m	m	d	d	у	У
Mailing address	City				State			ZIPC	ode		
Name	Title		Dire	ctor YES	Term expiration	m	m	d	d	У	У
Mailing address	City				State			ZIPC	ode		
SECTION B Enter information for each corporation, LLC, LP, PA	or financial in	nstitution, if any, in which this	s entity o	wns an int	erest of 10 perce	ent or	more				
Name of owned (subsidiary) corporation, LLC, LP, PA or financial inst	itution	State of formation		Texas SO	S file number, if	any	Per	centag	ge of o	wners	ship
FORMOSA UTILITY VENTURE	TY VENTURE			0005752510			12				
Name of owned (subsidiary) corporation, LLC, LP, PA or financial inst	itution	State of formation		Texas SC	S file number, if	any	Per	rcenta	ge of o	wner	ship

SECTION C Enter information for each corporation, LLC, LP, PA or financia	l institution, if any, that owns	an interest of 10 percent or more in this er	ntity.
Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
FORMOSA PLASTICS CORPORATION, U.S.A	DE	0801274618	100
Registered agent and registered office currently on file. (see instructions if you Agent: CORPORATION SERVICE COMPANY		You must make a filing with the Secretary agent, registered office or general partner	
Office: 800 BRAZOS STREET,	City AUSTIN	State TX	ZIP Code 78701

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

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here	Dard	72	SVP	9/1	116	(973)992 - 2090	
sign	- DAVI		Title	Date	. /.	Area code and phone number	

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FORMOSA PLASTICS CORPORATION, AMERICA FOR THE REPORT YEAR 2016 F.E.I.# : 1-22-3026594-9 SECRETARY OF STATE FILE NUMBER: 00081770-06-7

A STATEMENT ATTACHED TO AND MADE PART OF FORM 05-102 SECTION A

NAME	TITLE	DIRECTOR	ADDRESS	
WONG, WILLIAM	DIRECTOR	YES 9 PEAG	CH TREE HILL ROAD, LI	VINGSTON, NJ 07039
WANG, SUSAN	DIRECTOR	YES 9 PEA	CH TREE HILL ROAD, LI	VINGSTON, NJ 07039
LIN, JASON	DIRECTOR/PRESIDENT	YES 9 PEA	CH TREE HILL ROAD, LI	VINGSTON, NJ 07039
LEE, C.T.	DIRECTOR	YES 9 PEA	CH TREE HILL ROAD, LI	VINGSTON, NJ 07039
CHEN, WALTER	DIRECTOR/EVP	YES 9 PEA	CH TREE HILL ROAD, LI	VINGSTON, NJ 07039
LIN, DAVID	DIRECTOR/SVP/TREASURER	YES 9 PEA	CH TREE HILL ROAD, LI	VINGSTON, NJ 07039
LEE, H.C.	VP	NO 9 PEA	ACH TREE HILL ROAD, LI	VINGSTON, NJ 07039
NIGHTINGALE, ALICE	SECRETARY	NO 9 PEA	CH TREE HILL ROAD, LI	IVINGSTON, NJ 07039

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/er, 7.0	(Rev.9- 15/33)	To be filed			Companies (LLC), Lim		rships (LP),					÷		
	Tcode 13196													
Taxpayer				Report yea	ır		o u have c nment Code		-					
	0091196			2016		w	e have on fil	about y	ou. Co	ntact	us at 1	- 800-	252- 1	1381.
laxpayer nam	e NAN YA PLAS'	TICS COR	PORATION,	AMERICA			Check b	x if the	mailing	addr	essha	s ch ar	nged.	
Mailing addres 9 PEACH	ss H TREE HILL RC	AD				ت محمد شراحه		Secret				ile nu	mber	or
City LIVI	NGSTON		State NJ		ZIP code plus 4070	39		0008	3176	808	5			
Principal place You must repo	ceLAKE CITY, S(e of business LAKE CITY, ort officer, director, membe sign below! Thi	SC r, general partne			e date you complete th hise tax requireme									
Principal place fou must repo Please s SECTION	e of business LAKE CITY, ort officer, director, membe	SC r, general partne s report mus	t be signed to	satisfy franc	hise tax requireme			1	2 2 m	3 C m	0 d	9 1 d	1 S	9 6 y
Principal place You must repo Please s SECTION . Name	e of business LAKE CITY, sort officer, director, membe	SC r, general partne s report mus	t be signed to	member, general	hise tax requireme	nts. Director	S Term	1 ation	2 2 m			· ·	1 S	9 6 y
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Principal place (ou must repo Please s SECTION / Name SEE ST/	e of business LAKE CITY, ort officer, director, membe sign below! Thi A Name, title and mailing ATEMENT 1	SC r, general partne s report mus	t be signed to	e satisfy franc member, general itle	hise tax requireme	nts. Director	expir State		2 2 m m	m	d	d	1 { y) 6 у у
Principal place (ou must repo Please s SECTION . Name SEE STA Mailing addre	e of business LAKE CITY, i ort officer, director, membe sign below! Thi A Name, title and mailing ATEMENT 1 ess	SC r, general partne s report mus	t be signed to n officer, director, T C T	satisfy franci member, general itle	hise tax requireme	Director	expir State	ation		m	d ZIP Co	d de d		
Principal place (ou must repo Please s SECTION Name SEE ST/ Mailing addre Name	e of business LAKE CITY, i ort officer, director, membe sign below! Thi A Name, title and mailing ATEMENT 1 ess	SC r, general partne s report mus	t be signed to n officer, director, T C C C C C	satisfy franc member, general itte itte	hise tax requireme	Director	ES Term State ES Term State	ation	m	m	d ZIP Co d	d de d		

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
FORMOSA UTILITY VENTURE, LTD.	TX	0005752510	12
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
NAN YA PLASTICS CORPORATION, TEXAS	TX	0802244384	100

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution	, if any, that owns an interes	st of 10 percent or more in this enti	ty.	
	of formation	and the second se	Percentage of ownership	
NAN YA PLASTICS CORPORATION, TAIWAN		N/A	100	
Registered agent and registered office currently on file. (see instructions if you need to make changes) You must make a filing with the Secretary of State to change registered				
Agent: CORPORATION SERVICE CO	agent, reg	gistered office or general partner in	formation.	
Office: 2019 PARK STREET, COLUMBIA	City AUSTIN	State TX	ZIP Code 78701	

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report, Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

been mailed to e					elow, and that a copy of this report has yed by this or a related corporation,
sign here	ling > A	ORGE CHANG	Title CONTROLLER	Date 9/1/2016	Area code and phone number (973)992-2090

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NAN YA PLASTICS CORPORATION, AMERICA FOR THE REPORT YEAR ENDED 12/31/2016 F.E.I.# : 1-22-3009119-6

A STATEMENT ATTACHED TO AND MADE PART OF FORM 05-102 SECTION A

NAME	TITLE	DIRECTOR	
WILLIAM WONG	CHAIRMAN	YES	
SUSAN WANG	DIRECTOR	YES	
CHIA-CHAU WU	PRESIDENT	YES	
ALLEN F.C. LIN	SVP	YES	
M.J. TZOU	EXEC. VP	YES	
Z.C. JEN	SVP	NO	
SHIOU-YEH SHENG	VP	NO	
S.Y. HUANG	SVP	NO	
YANG-DOUN CHIEN	VP	NO	
YU-SHENG CHEN	AVP	NO	
HUNG-NAN YANG	AVP	NO	
CHARLIE TSAI	AVP	NO	
DAVID LIN	TREASURER	NO	
GEORGE CHANG	CONTROLLER	NO	
ALICE NIGHTINGALE	SECRETARY	NO	

ADDRESS

9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039

00.02				
05-102	Texas Franchise	Tax Public Infor	mation Report	
(Rev.9-15/33)				
Tcode 13196	5			
		Report year		certain rights under Chapter 552 and 559, le, to review, request, and correct information
325024		2016	we have on f	ile about you. Contact us at 1-800-252-1381.
FORMOSA UT	LITY VENTURE, LTD.		Check	box if the mailing address has changed.
	OAD			Secretary of State (SOS) file number or Comptroller file number
NGSTON	State NJ	ZIP code plu	s407039	
box if there are current	y no changes from previous year; if no ir	nformation is displayed, co	mplete the applicable informat	ion in Sections A, B and C.
POINT COMFOR	AT, TX			
of business POINT COM	MFORT, TX			
ign below! Th	nis report must be signed to sat	isfy franchise tax req	uirements.	1 2 2 3 0 3 2 5 0 2 4
	(Rev.9-15/33) Tcode 13196 number)325024 , FORMOSA UTI TREE HILL R NGSTON (box if there are currently POINT COMFOF of business POINT COM tofficer, director, memb ign below! Th	05-102 Texas Franchise (Rev.9-15/33) To be filed by Corporations, Lim Professional Associant Association Associatite Association Associatit	05-102 Texas Franchise Tax Public Infor (Rev.9-15/33) To be filed by Corporations, Limited Liability Companies (Lever Sectional Associations (PA) and Financial In Professional Association (PA) and Financiation (PA) and Financial In Profesion (PA)	D5-102 Texas Franchise Tax Public Information Report (Rev.9-15/33) To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP) Professional Associations (PA) and Financial Institutions Tcode 13196 number Report year You have Government Cod 0325024 2016 we have on f FORMOSA UTILITY VENTURE, LTD. Image: Check S TREE HILL ROAD NGSTON State NJ Chock if there are currently no changes from previous year; if no information is displayed, complete the applicable informate of business POINT COMFORT, TX of business POINT COMFORT, TX

Name m m d d у у Title Director \square YES Term expiration FORMOSA PLASTIC CORPORATION, TX GENERAL PARTNER ZIPCode 07039 Mailing address 9 PEACH TREE HILL ROAD CityLIVINGSTON StateNJ d Title Director m m d у у Name YES Term expiration DAVID LIN TREASURER Mailing address 9 PEACH TREE HILL ROAD CityLIVINGSTON ZIPCode 07039 StateNJ d d Name Title Director m m у у YES Term ALICE NIGHTINGALE expiration SECRETARY ZIPCode 07039 Mailing address 9 PEACH TREE HILL ROAD CityLIVINGSTON StateNJ SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution Texas SOS file number, if any Percentage of ownership State of formation Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution Texas SOS file number, if any Percentage of ownership State of formation

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity. Name of owned (parent) corporation, LLC, LP, PA or financial institution Percentage of ownership Texas SOS file number, if any State of formation SEE STATEMENT Registered agent and registered office currently on file. (see instructions if you need to make changes) You must make a filing with the Secretary of State to change registered Agent: CORPORATION SERVICE COMPANY agent, registered office or general partner information. Office: 800 BRAZOS ST STE 750 City AUSTIN State TX ZIP Code 78701

The information on this form is required by Section 171,203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

	nation in this document and any attachments is true son named in this report who is an officer, director, institution.			
sign here	David Lin L2	Title SVP	Date 9/1 1/4	Area code and phone number (973)992-2090

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FORMOSA UTILITY VENTURE, LTD. FOR THE REPORT YEAR 2016 TAXPAYER NUMBER: 12230325024

A STATEMENT ATTACHED TO AND MADE PART OF FORM 05-102 SECTION C

MEMBER	STATE of FORMATION	TEXAS SOS FILE NUMBER	PERCENTAGE OF OWNERSHIP

FORMOSA PLASTICS CORPORATION, TEXAS	DE	0005107506	29
FORMOSA PLASTICS CORPORATION, NEVADA	DE	NONE	45
FORMOSA PLASTICS CORPORATION, AMERICA	DE	0008177006	12
NAN YA PLASTICS CORPORATION, AMERICA	DE	0008176806	12

TX102P01	E5 00 02	

TX2016	05-102
Ver. 7.0	(Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer	num	ber
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12234985609

Report year

2016

You have certain rights under Chapter 552 and 559. Government Code, to review, request, and correct information we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name FORMOSA TRANSRAIL	k box if the mailing address has changed.		
Mailing address 9 PEACH TREE HILL ROAD			Secretary of State (SOS) file number or Comptroller file number
City LIVINGSTON	State NJ	ZIP code plus 407039	0011439506

Check box if there are currently no changes from previous year, if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office POINT COMFORT, TX

Principal place of business POINT COMFORT, TX

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.



SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title		Director		m	m	d	d	У	У
SEE ATTACHMENT			L YES	Term expiration						
Mailing address	City			State			ZIPCo	ode		
Name	Title		Director	Term expiration	m	m	d	d	У	У
Mailing address	City			State			ZIPC	ode		
Name	Title		Director	Term expiration	m	m	d	d	У	У
Mailing address	City	0		State			ZIPC	ode		
SECTION B Enter information for each corpora	ation, LLC, LP, PA or financial in	stitution, if any, in which this	entity owns an int	erest of 10 perce	int or	more				
Name of owned (subsidiary)corporation, LLC, LP, f	PA or financial institution	State of formation	Texas SO	S file number, if a	any	Per	centag	ge of ov	wners	ship
Name of owned (subsidiary)corporation, LLC, LP, f	PA or financial institution	State of formation	Texas SO	S file number, if a	any	Per	centag	ge of ov	wners	ship

SECTION C Enter information for each corporation, LLC, LP, PA or financia Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
FORMOSA PLASTICS CORPORATION, NEVADA	DE	0801274618	87
Registered agent and registered office currently on file. (see instructions if you r Agent: CORPORATION SERVICE COMPANY		u must make a filing with the Secretary ent, registered office or general partner	Station and state an
Office: 800 BRAZOS ST. STE 750	City AUSTIN	State TX	ZIP Code 78774

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

		Toyas	Comptroller Official Us	e Only	V	*,	
here 🖊	00	みて	SVP	9/1	116	(973)992-2090	
sign		DAVID LIN A	litle	Date		Area code and phone number	

Texas Comptroller Official Use Only





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VE/DE

FORMOSA TRANSRAIL CORPORATION FOR THE REPORT YEAR 2016 F.E.I.# : 1-22-3498560-9

A STATEMENT ATTACHED TO AND MADE PART OF FORM 05-102 SECTION A

NAME	TITLE	DIRECTOR	ADDRESS	
WONG, WILLIAM	DIRECTOR	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 0703	19
WANG, SUSAN	DIRECTOR	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 0703	19
LIN, JASON	DIRECTOR/PRESIDENT	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 0703	9
LEE, C.T.	DIRECTOR	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 0703	19
CHEN, WALTER	DIRECTOR/EVP	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 0703	39
LIN, DAVID	DIRECTOR/SVP/TREASURER	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 0703	39
NIGHTINGALE, ALICE	SECRETARY	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 0703	39

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X2016	05-102			Public Informat								
/er. 7.0	(Rev.9-15/33)	To be filed by Corporatio Professional		ability Companies (LLC), (PA) and Financial Institut		Partnerships	; (LP),					
	Tcode 13196											
Тахрауе	r number		Repor	t year			ave certain r Code, to revie					
1251	5859135		201	.6			e on file about y					
axpayer nam	e FORMOSA HYDR	ROCARBONS COMPAN	NY, INC.			Cr	eck box if the	mailing	address	haschan	ged.	
ailing addre	ss RMOSA DRIVE								tate (SC le numb)S)file nur er	nber o	r
	T COMFORT	State TX		ZIP code plus 47	7978		0007					
Cher	k has if there are averably .	no changes from previous year	it as informa	tion is displayed, complet		plicable info	rmation in Sect		B and C			
	POINT COMFORT		, ii no mi orma	alon is displayed, complet	te the ap	pricable mic			b and c	62		
121222288	e of business POINT COMF						_					
Please s	sign below! This	r, general partner and manager i s report must be signed address of each officer, directo	to satisfy f	ranchise tax require	ments.		1	2 5	15	859	1 3	5
Vame	 manne, true and manning a 	Aureas of each unicer, unect	Title	onoral partner or manager		ector		m	m	d d	у	у
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						YES	Term					
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lame			Title		Dire	ector	51818	m		d d	У	у
						YES	Term expiration					
A ailing addre	355		City				State		ZIE	Code		
SECTION	B Enter information for ea	ch corporation, LLC, LP, PA or	financial inst	itution, if any, in which th	is entity	owns an inte		ent or r	nore.			
	ed (subsidiary) corporation, INT VENTURE	LLC, LP, PA or financial institu	ution	State of formation TX		Texas SO	S file number, if	any	Percen 50	tage of ov	nersh	ip
	the second s	LLC, LP, PA or financial institu	ution	State of formation		Texas SO	S file number, if	any	-	tage of ov	nerst	ip
SECTION	C Enter information for ea	ach corporation, LLC, LP, PA o	r financial inst	itution if any that owns	an intere	st of 10 perc	ent or more in t	his ent	itv.			
Name of own	ed (parent) corporation, LL(C, LP, PA or financial institution	n	State of formation		Texas SOS	file number, if		Percen	ntage of ov	vnerst	nip
	the second s	RPORATION, U.S.A		DE		08012			100			-
	gent and registered office c RPORATION SERV	urrently on file. (see instruction ICE COMPANY	ns if you need				g with the Secr ce or general pa				registe	erec
Office: 800	BRAZOS ST STE 750			City AUSTIN			State	ТΧ		ZIP Code	787	01
		by Section 171.203 of the Tax (sary. The information will be av			A or finan	icial instituti	on that files a T	exas Fr	anchise	Tax Repo	rt. Us	e ad
been mailed t	the information in this doc lo each person named in this or financial institution.	ument and any attachments is t s report who is an officer, direc	true and corre ctor, member,	ct to the best of my know general partner or manag	ledge an er and w	nd belief, as ho is not cu	of the date belo rrently employe	ow,and dbyth	thata c isorare	opy of thi elated corp	s repo poratio	rt h on,
sign here	7-1	L= DAVID LIN		itle SVP	Da	te 9/1	116	1000		2-209		
		Texa		ler Official Use Only	,		/	11.0				-
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		i Mahasi	10.3	NY IS NOG								
							 					

FORMOSA HYDROCARBONS COMPANY FOR THE REPORT YEAR 2016 F.E.I.# : 1-25-1585913

A STATEMENT ATTACHED TO AND MADE PART OF FORM 05-102 SECTION A

.....

NAME	TITLE	DIRECTOR	ADDRESS
WONG, WILLIAM	DIRECTOR	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
WANG, SUSAN	DIRECTOR	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
LIN, JASON	DIRECTOR/PRESIDENT	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
LEE, C.T.	DIRECTOR	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
CHEN, WALTER	DIRECTOR/EVP	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
LIN, DAVID	DIRECTOR/SVP/TREASURER	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
LEE, H.C.	VP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
UENG, STAN	VP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
NIGHTINGALE, ALICE	SECRETARY	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039

TX102P01 F5.0		Town From	abias Tor	Duk	a Informati-										501
TX2016 Ver. 7.0	05-102				c Informatio			e / D)							
	(Rev.9-15/33)	To be filed by Corporat Profession			Financial Institutions		arthership	5 (LP),							
+	Tcode 13196		-				V				und	or Chr	ntor 6	52 and	550
Taxpayer	number		Repo	rt year		G	You n Sovernmer		to revie	-					
12512	555538		201	.6					about y						
Faxpayer name	NEUMIN PRODU	CTION COMPANY				1	с	heck bo	x if the r	mailing	g addr	ess h	as ch a	nged.	
Mailing address 9 PEACH	TREE HILL ROP	\D							Secreta				file nu	mber	or
City LIVIN	IGSTON	State NJ		ZI	P code plus 4070	39			0003	8676	660	6			
Check	box if there are currently n	o changes from previous yes	ar; if no informa	ation is dis	played, complete th	ne app	licable inf	ormatior	n in Sect	ions A	, B an	d C.			
Principal office	POINT COMFORT	, TX													
	of business POINT COMFC	CALC CONTRACTOR													
ou must report	officer director member	general partner and manage	r information a	s of the da	ate you complete thi	is reno	ort								
r lease si	gil below: This	report must be signed	a to satisfy f	ranchis	e tax requireme	nts.									
SECTION A	Name title and welling as	dense of each officer disc.							1 3	25	1 2	25	5 5	5 3	38
Vame	Name, the and mailing ac	ddress of each officer, direc	Title	leneral par	ther or manager.	Direc	tor	1		m	m	d	d	y	y
Tante			inte				YES	Term				ŭ	u	,	,
SEE ATT	ACHMENT							expira	tion						
Mailing address	S		City					State				ZIPC	ode		
Name	2		Title			Direc	tor			m	m	d	d	У	у
							YES	Term expira	tion						
Mailing address	s		City					State				ZIPC	ode		-
Name			Title			Direc	tor			m	m	d	d	у	у
							YES	Term expira	tion						
Mailing addres	S		City					State				ZIPC	ode		
SECTION B	Enter information for eac	h corporation, LLC, LP, PA		itution, if	any, in which this e	ntity o	wns an int	erest of	10 perc	ent or	more.				
		LLC, LP, PA or financial inst	itution		formation		Texas SO			any	1.		ge of o	wners	hip
	OIL AND GAS, 1			DE			08007		100	State 1	40				
1013575 DOM		LLC, LP, PA or financial inst	itution		formation	- 1	Texas SC	S file nu	ımber, if	any	100.00		ge of o	wners	nip
DALE OK	LAHOMA, LLC			DE			N/A				17	-			
SECTION	Entorinformation for		or finor statt	(1)	any that much as in	lorer	of 10	cont or -	nore in t	hie or					
		ch corporation, LLC, LP, PA , LP, PA or financial instituti		1	any, that owns an ir formation		t of 10 per Texas SO	1			-	centa	ge of o	wners	hip
		PORATION, U.S.		DE			08012				10				1.5
Registered age	ent and registered office cu	rrently on file. (see instructi		1		must n	nake a filir stered off	ng with t	he Secr					regist	erec
	PORATION SERVI BRAZOS ST STE 750	CE COMPANY			City AUSTIN	n, regi	atered off	ice or ge	State		morn	_	PCod	.7.8	701
		y Section 171.203 of the Ta	Codoferent		1	linen	ial included	ion that	-		ranab				-
		ary. The information will be				manc	ial institut	ion inat	nies a li	exds F	anch	130 18	ккер	. 05	e au
17.00 Mar 10.00					and the second		A CONTRACTOR OF A CONTRACTOR OFTA A	312101			72.50		20117		-

declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution. sign Title Date Area code and phone number

DAVID LIN 16 1) cn 9/1 (973)992-2090 here SVP

Texas Comptroller Official Use Only



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PIR IND

VE/DE

NEUMIN PRODUCTION COMPANY FOR THE REPORT YEAR 2016 F.E.I.# : 1-25-1255553-8

_____ A STATEMENT ATTACHED TO AND MADE PART OF FORM 05-102 SECTION A -

NAME	TITLE	DIRECTOR	ADDRESS	

WONG, WILLIAM	DIRECTOR	YES	PEACH TREE HILL ROAD, LIVINGSTON, N	J 07039
WANG, SUSAN	DIRECTOR	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, N	IJ 07039
LIN, JASON	DIRECTOR/PRESIDENT	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, N	IJ 07039
LEE, C.T.	DIRECTOR	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, M	IJ 07039
CHEN, WALTER	DIRECTOR/EVP	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, M	IJ 07039
LIN, DAVID	DIRECTOR/SVP/TREASURER	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, M	IJ 07039
LEE, H.C.	VP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, M	IJ 07039
W.S. Jou	VP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, M	IJ 07039
NIGHTINGALE, ALICE	SECRETARY	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, 1	J 07039

TX102P01 F	5.00.02				
TX2016	05-102	Texas Franchise T	ax Public Information	Report	
Ver. 7.0	(Rev.9-15/33)	To be filed by Corporations, Limited Professional Associatio	d Liability Companies (LLC), Limiter ons (PA) and Financial Institutions	d Partnerships (LF	2).
	Tcode 13196	5			
Taxpaye	er number		port year		certain rights under Chapter 552 and 559
1250	9438714	20			de, to review, request, and correct information file about you. Contact us at 1-800-252-1381
Taxpayer nar	me LAVACA PIPE	LINE COMPANY		Check	o box if the mailing address has changed.
Mailingaddr 9 PEAC	ess CH TREE HILL R	OAD			Secretary of State (SOS) file number or Comptroller file number
City LIV:	INGSTON	State NJ	ZIP code plus 407039)	0009512800
Che	ck box if there are currentl	y no changes from previous year; if no infor	mation is displayed, complete the	applicable informa	ation in Sections A, B and C.
Principal off	ice POINT COMFOR	RT, TX]
Principal pla	ce of business POINT COM	MFORT, TX		L]
You must rep	ort officer, director, memb	er, general partner and manager information	n as of the date you complete this r	eport.	

This report must be signed to satisfy franchise tax requirements.



SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Please sign below!

Name SEE ATTACHMENT	Title		Director	Term expiration	m	m	d	d	У	У
Mailing address	City			State			ZIP Co	ode		
Name	Title		Director	Term expiration	m	m	d	d	у	У
Mailing address	City			State			ZIPC	ode		
Name	Title		Director	Term expiration	m	m	d	d	У	У
Mailing address	City			State			ZIPC	ode		
SECTION B Enter information for each cor	poration, LLC, LP, PA or financial	institution, if any, in which th	is entity owns an in	lerest of 10 perce	nt or	more				
Name of owned (subsidiary) corporation, LLC,	LP, PA or financial institution	State of formation	Texas SC)S file number, if a	any	Per	centa	ge of o	wners	hip
Name of owned (subsidiary) corporation, LLC,	LP, PA or financial institution	State of formation	Texas SC)S file number, if a	any	Per	centa	ge of o	wners	hip

SECTION C Enter information for each corporation, LLC, LP, PA or financi	al institution, if any, that owns an	interest of 10 percent or more in this e	ntity.
Name of owned (parent) corporation, LLC, LP, PA or financial Institution	State of formation	Texas SOS file number, if any	Percentage of ownership
FORMOSA PLASTICS CORPORATION, U.S.A	DE	0801274618	100
Registered agent and registered office currently on file. (see instructions if you Agent: CORPORATION SERVICE COMPANY		u must make a filing with the Secretary ent, registered office or general partner	
Office: 800 BRAZOS ST STE 750	City AUSTIN	State TX	ZIP Code 78701

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation. LLC, LP, PA or financial institution. Sign A DAVID LIN Title Date A Area code and ohone number

here	Dund	ty DAVID LIN	SVP	Date 9/1	/16	(973) 992-2090	
		Texas Co	omptroller Official Us	e Only			





PIR IND



LAVACA PIPE LINE COMPANY FOR THE REPORT YEAR 2016 F.E.I.# : 1-25-0943871-4

A STATEMENT ATTACHED TO AND MADE PART OF FORM 05-102 SECTION A

NAME	TITLE	DIRECTOR		ADDRESS			
WONG, WILLIAM	DIRECTOR	YES	9 PEACH	TREE HILL	ROAD, LIVINGSTON,	NJ	07039
WANG, SUSAN	DIRECTOR	YES	9 PEACH	TREE HILL	ROAD, LIVINGSTON,	NJ	07039
LIN, JASON	DIRECTOR/PRESIDENT	YES	9 PEACH	TREE HILL	ROAD, LIVINGSTON,	NJ	07039
LEE, C.T.	DIRECTOR	YES	9 PEACH	TREE HILL	ROAD, LIVINGSTON,	NJ	07039
CHEN, WALTER	DIRECTOR/EVP	YES	9 PEACH	TREE HILL	ROAD, LIVINGSTON,	NJ	07039
LIN, DAVID	DIRECTOR/SVP/TREASURER	YES	9 PEACH	TREE HILL	ROAD, LIVINGSTON,	NJ	07039
LEE, H.C.	VP	NO	9 PEACH	TREE HILL	ROAD, LIVINGSTON,	NJ	07039
W.S. Jou	VP	NO	9 PEACH	TREE HILL	ROAD, LIVINGSTON,	NJ	07039
NIGHTINGALE, ALICE	SECRETARY	NO	9 PEACH	TREE HILL	ROAD, LIVINGSTON,	NJ	07039

9/20/2016

Franchise Tax 2016 Annual No Tax Due Report

Confirmation

You Have Filed Successfully

Please do NOT send a paper form

Print this page for your records

Submission ID: 33992436 Date and Time of Filing: 09/20/2016 08:31:06 AM

Taxpayer ID: 32058395933 Taxpayer Name: FORMOSA OLEFINS, L.L.C. Taxpayer Address: PO BOX 510 POINT COMFORT, TX 77978 - 0510

Entered By: Chia-Wei Hsu Email Address: chsu@fpcusa.com Telephone Number: (973) 992-2090 IP Address: 96.90.147.17

Additional Reports	「「「「「「「「」」」」
Is this the reporting entity of a combined group?	No
Do any of the entities in the combined group have a temporary business loss preserved?	No
Will your total revenue be adjusted for the Tiered Partnership Election?	No

No Tax Due Report			-
SIC Code:	NAICS Code: 325200		
Accounting Year Begin Date: 09/24/2015	Accounting Year End Date: 12/31/2015		
Is this a passive entity as defined in Chapter 171 of the Texas Tax Code?		No	
Is this entity's annualized total revenue below the no tax due threshold?		Yes	
Does the entity have zero Texas Gross Receipts?		Yes	
Is this entity a Real Estate Investment Trust (REIT) that meets the qualifications s	pecified in section 171.0002(c)(4)?	No	
Total Revenue:		\$0	

	Mailing Address
Street Address: PO BOX 510	
City: POINT COMFORT	
State: TX	
Zip Code: 77978 - 0510	
Country: USA	

	Public Information Repo	nt
	Taxpayer	
	Taxpayer Name: FORMOSA O	DLEFINS, L.L.C.
	Taxpayer Number: 320583959	33
SOS File Num	ber or Comptroller File Number: 080230061	3
	Mailing Address: PO BOX 510 POINT COMP) FORT, TX 77978-0510
	Principal Office:	
	Principal Place Of Business: POINT COMF	FORT, TX
	Changes from previous year?: Yes	
	Officers, Directors, Managers, Member of	r General Partner
Name: FORMOSA PLASTICS COR	RPORATION, TEXAS	
Title: MEMBER	Director? No	Term Expiration Date:
Mailin	g Address:	

20/2016	Franchise	Tax - You Have Filed Suc	cessfully
	9 PEACH TREE HILL RO LIVINGSTON , NEW JE	And the second process of the second	
Name: FORMOSA INDUSTRIES	CORPORATION		
Title: MEMBER	Director? No		Term Expiration Date:
Mailir	ng Address: 9 PEACH TREE HILL RC LIVINGSTON , NEW JE		
Name: NAN YA PLASTICS CORP	ORATION, TEXAS		
Title: MEMBER	Director? No		Term Expiration Date:
Mailin	ng Address: 9 PEACH TREE HILL RC LIVINGSTON , NEW JE		
	Owned Er	ntity(s)	
Owned Entity(s)	State of Formation	TX SOS File #	Percentage of Ownership
	None en	tered.	
	Owne	and the second sec	
Owned Entity(s)	State of Formation	TX SOS File #	Percentage of Ownership
FORMOSA PLASTICS CORPORATION, TEXAS	DELAWARE	5107506	46.0
FORMOSA INDUSTRIES CORPORATION	DELAWARE	802303962	33.0
NAN YA PLASTICS CORPORATION, TEXAS	DELAWARE	802244384	21.0
	Registered Age	nt and Office	
	Agent: CORPORATION	SERVICE COMPANY DBA C	SC - LAWYERS INCO
	Office: 211 E. 7TH STR		
	AUSTIN, TX 78		
	Declaration	Statement	of my knowledge and belief, as of the

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 Accessibility Policy
 Link Policy
 Public Information Act
 Compact with Texans

Glenn Hegar
 Texas Comptroller of Public Accounts
 Franchise Tax
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Franchise Tax

2016 Annual No Tax Due Report

Confirmation

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Submission ID: 33987550 Date and Time of Filing: 09/19/2016 11:08:31 AM

Taxpayer ID: 32058442867 Taxpayer Name: FORMOSA INDUSTRIES CORPORATION Taxpayer Address: 9 PEACH TREE HILL RD LIVINGSTON, NJ 07039 - 5702

Entered By: Sho Hung Email Address: shung@fpcusa.com Telephone Number: (973) 716-7359 IP Address: 96.90.147.17

Additional Reports

Is this the reporting entity of a combined group? No Do any of the entities in the combined group have a temporary business loss preserved? No Will your total revenue be adjusted for the Tiered Partnership Election? No

No Tax Due Report

SIC Code:NAICS Code:325200Accounting Year Begin Date:03/09/2015 Accounting Year End Date:12/31/2015Is this a passive entity as defined in Chapter 171 of the Texas Tax Code?

Is this entity's annualized total revenue below the no tax due threshold?	Yes
Does the entity have zero Texas Gross Receipts?	Yes
Is this entity a Real Estate Investment Trust (REIT) that meets the qualifications specified in section 171.0002(c)(4)?	No
Total Revenue:	\$0

Mailing Address

Street Address:9 PEACH TREE HILL RDCity:LIVINGSTONState:NJZip Code:07039 - 5702Country:USA

Public Information Report						
	Taxpayer					
Taxpayer Name:	FORMOSA INDUSTRIES CORPORATION					
Taxpayer Number:	32058442867					
SOS File Number or	Comptroller File Number: 0802303962					
Mailing Address:	9 PEACH TREE HILL RD					
	LIVINGSTON, NJ 07039-5702					
Principal Office:	POINT COMFORT, TEXAS					
Principal Place Of Bus						
Changes from previou						
Officers, Directors,	Managers, Member or General Partner					
Name: C.T. LEE						
Title: DIRECTOR	Director? Yes Term Expiration Date:					
Mailing Address:	9 PEACH TREE HILL ROAD					
	LIVINGSTON, NJ 07039					
Name: JASON LIN						
Title: DIRECTOR	Director? Yes Term Expiration Date:					
Mailing Address:	9 PEACH TREE HILL ROAD					
	LIVINGSTON, NJ 07039					
Name: KING-LONG H Title: DIRECTOR						
Title: DIRECTOR	Director? Yes Term Expiration Date:					
Mailing Address:	9 PEACH TREE HILL ROAD					
Name: JASON LIN	LIVINGSTON, NJ 07039					
Title: PRESIDENT	Diroctor? Voc Torre Francischian D. L					
	Director? Yes Term Expiration Date:					
Mailing Address:	9 PEACH TREE HILL ROAD LIVINGSTON, NJ 07039					
Name: DAVID LIN						
Title: TREASURER	Director? No Term Expiration Date:					
	9 PEACH TREE HILL ROAD					
Mailing Address:	LIVINGSTON, NJ 07039					
Name: ALICE NIGHT						
Title: SECRETARY	Director? No Term Expiration Date:					

Franchise Tax - You Have Filed Successfully

Mailing Address:	9 PEACH TREE HI LIVINGSTON, NJ)			
	Ov	vned En	tity(s)			
Owned Entity(s) State of Formation TX SOS File # Percentage of Ownership						ership
FORMOSA OLEFINS, L.L.C. TX			802300613	33.0		
			Owners			
Owned Entity(s)		F	State of Formation	TX SOS File #	I	Percentage of Ownership
FORMOSA PLASTICS C	ORPORATION	NA		0	100.0	£.
Registered Agent and Office						
Agent: CORPORATION SERVICE COMPANY DBA CSC - LAWYERS INCO						
Office: 211 E. 7TH STR AUSTIN, TX 78	REET, SUITE 620 3701-5702					
		(1997) N. 1997	12 M			

Declaration Statement

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the submission date, and that a copy of this information has been mailed to each person named in this section who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

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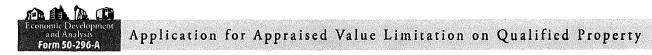
Glenn Hegar, Texas Comptroller • Home • Contact Us Privacy and Security Policy | Accessibility Policy | Link Policy | Public Information Act | Compact with Texans

X2016	05 100	Texas Franc	hise Tax	Public Informati	on P	enort			I	-		
er. 7.0	05- 102 (Rev.9- 15/33)	To be filed by Corporation	Texas Franchise Tax Public Information Report To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions									
	Tcode 13196		Associations	(PA) and Financial Institutio	ons							
Taxpayer n			Repo	rt vear		You ha	ve certain rights	under Chapte	552 and	559		
				Report year			You have certain rights under Chapter 552 and 559 Government Code, to review, request, and correct information					
MANAGER AND A M	655006		201	the second se			on file about you. C			1381		
axpayer name	CONTRACT DATES CALIFORNIA	TICS CORPORATION	N, TEXA	5		Ch	eck box if the mailin					
	TREE HILL RO						Secretary of Comptroller	State (SOS) file file number	number	or		
ity LIVIN	GSTON	State NJ		ZIP code plus 407	039		080224	4384				
Check	box if there are currently	/ no changes from previous yea	r if no inform	ation is displayed, complete	theap	nlicable info	rmation in Sections A	B and C.				
	POINT COMFOR				the up							
	of business POINT COM											
ou must report	officer, director, memb	er, general partner and manager	information a	s of the date you complete	this rep	ort.						
	NAC THE PARTY AND THE TAX	is report must be signed										
		,						5765	5.0.			
SECTION A	Name, title and mailing	address of each officer, direct	or, member, g	eneral partner or manager.			520	5703	500			
lame			Title		Dire			m d d	У	у		
SEE STAT	FEMENT 3					YES	Term expiration					
ailing address			City				State	ZIP Code				
lame			Title		Dire	ctor	m	m d d	у	у		
						YES	Term					
ailing address			0.11				expiration	710.0.1				
lame	1		City		Dire	ctor	State m	ZIP Code m d d	у	v		
						YES	Term		-			
							expiration			_		
A ailing address		each corporation, LLC, LP, PA o	City	litution if any in which this	entity	owns an inte	State	ZIP Code				
		n, LLC, LP, PA or financial instit		State of formation	, only		file number, if any	Percentage of	owners	hip		
	OLEFINS, L.			TX		080230		21				
lame of owned	l (subsidiary) corporation	n, LLC, LP, PA or financial instit	ution	State of formation		Texas SOS	file number, if any	Percentage of	owners	hip		
SECTION C		each corporation, LLC, LP, PA c		titution, if any, that owns an State of formation	n interes		ent or more in this en file number, if any	Percentage of	owners	hip		
	NAN YA PLASTICS CORPORATION, AMERICA			100000			0008176806 100					
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NAN YA PLASTICS CORPORATION, TEXAS FOR THE REPORT YEAR ENDED 12/31/2016 F.E.I.# : 3-20-5765500-6

A STATEMENT ATTACHED TO AND MADE PART OF FORM 05-102 SECTION A

NAME	TITLE	DIRECTOR	ADDRESS
WILLIAM WONG	CHAIRMAN	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
SUSAN WANG	DIRECTOR	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
CHIA-CHAU WU	PRESIDENT	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
M.J. TZOU	EXEC. VP	YES	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
Z.C. JEN	SVP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
YU-SHENG CHEN	AVP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
DAVID LIN	TREASURER	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
GEORGE CHANG	CONTROLLER	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
ALICE NIGHTINGALE	SECRETARY	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039



SECTION 16: Authorized Signatures and Applicant Certification

After the application and schedules are complete, an authorized representative from the school district and the business should review the application documents and complete this authorization page. Attach the completed authorization page in **Tab 17**. **NOTE:** If you amend your application, you will need to obtain new signatures and resubmit this page, Section 16, with the amendment request.

1. Authorized School District Representative Signature

I am the authorized representative for the school district to which this application is being submitted. I understand that this application is a government record as defined in Chapter 37 of the Texas Penal Code.

print here	Alexandro Flores
	Print Name (Authorized School District Representative)
sign here 🕨	Signature (Authorized School District Representative)

Superintendent

Title

2. Authorized Company Representative (Applicant) Signature and Notarization

I am the authorized representative for the business entity for the purpose of filing this application. I understand that this application is a government record as defined in Chapter 37 of the Texas Penal Code. The information contained in this application and schedules is true and correct to the best of my knowledge and belief.

I hereby certify and affirm that the business entity I represent is in good standing under the laws of the state in which the business entity was organized and that no delinquent taxes are owed to the State of Texas.

print Jack Wu

Print Name (Authorized Company Representative (Applicant))

sign here

ignature (Authorized Company Representative (Applicant))

Vice President Tille

August 16, 2017



(Notary Seal)

GIVEN under my hand and seal of office this, the

Public in and for the State of Texas Nótarv 1/18/2018 1/28/2018 My Commission expires:

If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.