

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 Hydrocarbons
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

TX102P01 F5.00.02

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 number

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.

12223554648

2016

Taxpayer name FORMOSA PLASTICS CORPORATION, TEXAS			<input type="checkbox"/> Check 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	0005107506

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 SEE ATTACHMENT	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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

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 FORMOSA PLASTICS CORPORATION, U.S.A.	State of formation DE	Texas SOS file number, if any 0801274618	Percentage of ownership 100
Registered agent and registered office currently on file. (see instructions if you need to make changes) Agent: CORPORATION SERVICE COMPANY		You must make a filing with the Secretary of State to change registered 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.

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 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 here	David Lin	Title SVP	Date 9/1/16	Area code and phone number (973) 992-2090
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Texas Comptroller Official Use Only

VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
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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	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
WU, JACK	VP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
CRABTREE, RICK	VP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
ALAN CHIANG	VP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
NIGHTINGALE, ALICE	SECRETARY	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039

TX102P01 F5.00.02

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 number

■ 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.

12230265949

2016

Taxpayer name FORMOSA PLASTICS CORPORATION, AMERICA			<input type="checkbox"/> Check 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 4 07039	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.

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	Director <input type="checkbox"/> YES	Term expiration m m d d y y	
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y	
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y	
Mailing address	City	State	ZIP Code	

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 FORMOSA UTILITY VENTURE	State of formation TX	Texas SOS file number, if any 0005752510	Percentage of ownership 12
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

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 FORMOSA PLASTICS CORPORATION, U.S.A	State of formation DE	Texas SOS file number, if any 0801274618	Percentage of ownership 100
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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, registered office or general partner information.	
Agent: CORPORATION SERVICE COMPANY	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.

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 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 here ▶	DAVID LIN <i>David Lin</i>	Title SVP	Date 9/1/16	Area code and phone number (973) 992-2090
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Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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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 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
NIGHTINGALE, ALICE	SECRETARY	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039

TX102P01 F5.00.02

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 number 12230091196 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 NAN YA PLASTICS CORPORATION, AMERICA		<input type="checkbox"/> Check 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	0008176806

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 LAKE CITY, SC
Principal place of business LAKE CITY, SC

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 STATEMENT 1	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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

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 NAN YA PLASTICS CORPORATION, TAIWAN	State of formation	Texas SOS file number, if any N/A	Percentage of ownership 100
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Registered agent and registered office currently on file. (see instructions if you need to make changes) Agent: CORPORATION SERVICE CO	You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.		
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.

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 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 here	GEORGE CHANG	Title CONTROLLER	Date 9/12/16	Area code and phone number (973) 992-2090
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Texas Comptroller Official Use Only

VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
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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	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
ALLEN F.C. LIN	SVP	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
SHIOU-YEH SHENG	VP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
S.Y. HUANG	SVP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
YANG-DOUN CHIEN	VP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
YU-SHENG CHEN	AVP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
HUNG-NAN YANG	AVP	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039
CHARLIE TSAI	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

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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 number

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.

12230325024

2016

Taxpayer name FORMOSA UTILITY VENTURE, LTD.			<input type="checkbox"/> Check 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 4 07039	

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	Term expiration
		<input type="checkbox"/> YES	m m d d y y
FORMOSA PLASTIC CORPORATION, TX	GENERAL PARTNER	<input type="checkbox"/>	
Mailing address 9 PEACH TREE HILL ROAD	City LIVINGSTON	State NJ	ZIP Code 07039
DAVID LIN	TREASURER	<input type="checkbox"/>	
Mailing address 9 PEACH TREE HILL ROAD	City LIVINGSTON	State NJ	ZIP Code 07039
ALICE NIGHTINGALE	SECRETARY	<input type="checkbox"/>	
Mailing address 9 PEACH TREE HILL ROAD	City LIVINGSTON	State NJ	ZIP Code 07039

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	State of formation	Texas SOS file number, if any	Percentage of ownership

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	State of formation	Texas SOS file number, if any	Percentage of ownership
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, registered office or general partner information.

Agent: CORPORATION SERVICE COMPANY	Office: 800 BRAZOS ST STE 750	City AUSTIN	State TX	ZIP Code 78701
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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.

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 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 here	DAVID LIN	Title SVP	Date 9/1/16	Area code and phone number (973) 992-2090
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Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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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 F5.00.02

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 number

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.

12234985609

2016

Taxpayer name FORMOSA TRANSRAIL CORPORATION			<input type="checkbox"/> Check 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 SEE ATTACHMENT	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

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 FORMOSA PLASTICS CORPORATION, NEVADA	State of formation DE	Texas SOS file number, if any 0801274618	Percentage of ownership 87
Registered agent and registered office currently on file. (see instructions if you need to make changes) Agent: CORPORATION SERVICE COMPANY		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office: 800 BRAZOS ST. STE 750	City AUSTIN	State TX	ZIP Code 78774

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sign here	DAVID LIN	Title SVP	Date 9/1/16	Area code and phone number (973) 992-2090
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Texas Comptroller Official Use Only

VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
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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 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
NIGHTINGALE, ALICE	SECRETARY	NO	9 PEACH TREE HILL ROAD, LIVINGSTON, NJ 07039

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Texas Franchise Tax Public Information Report

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Tcode 13196

Taxpayer number

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.

12515859135

2016

Taxpayer name FORMOSA HYDROCARBONS COMPANY, INC.			<input type="checkbox"/> Check box if the mailing address has changed.
Mailing address 201 FORMOSA DRIVE		Secretary of State (SOS) file number or Comptroller file number 0007916306	
City POINT COMFORT	State TX	ZIP code plus 477978	

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, TEXAS
Principal place of business POINT COMFORT, TEXAS

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	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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 ONG JOINT VENTURE	State of formation TX	Texas SOS file number, if any	Percentage of ownership 50
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

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 FORMOSA PLASTICS CORPORATION, U.S.A	State of formation DE	Texas SOS file number, if any 0801274618	Percentage of ownership 100
Registered agent and registered office currently on file. (see instructions if you need to make changes) Agent: CORPORATION SERVICE COMPANY		You must make a filing with the Secretary of State to change registered 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.

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sign here	DAVID LIN	Title SVP	Date 9/1/16	Area code and phone number (973) 992-2090
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Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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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 F5.00.02

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 number

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.

12512555538

2016

Taxpayer name NEUMIN PRODUCTION COMPANY		<input type="checkbox"/> Check 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	0003676606

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 SEE ATTACHMENT	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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 NEUMIN OIL AND GAS, LLC	State of formation DE	Texas SOS file number, if any 0800788411	Percentage of ownership 40
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution DALE OKLAHOMA, LLC	State of formation DE	Texas SOS file number, if any N/A	Percentage of ownership 17

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 FORMOSA PLASTICS CORPORATION, U.S.A	State of formation DE	Texas SOS file number, if any 0801274618	Percentage of ownership 100
Registered agent and registered office currently on file. (see instructions if you need to make changes) Agent: CORPORATION SERVICE COMPANY		You must make a filing with the Secretary of State to change registered 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.

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 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 here	DAVID LIN Title SVP	Date 8/1/16	Area code and phone number (973) 992-2090
-----------	------------------------	-------------	--

Texas Comptroller Official Use Only

VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
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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	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

TX102P01 F5.00.02

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 number

Report year

12509438714

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 LAVACA PIPELINE COMPANY			<input type="checkbox"/> Check 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	0009512800	

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 SEE ATTACHMENT	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

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 FORMOSA PLASTICS CORPORATION, U.S.A	State of formation DE	Texas SOS file number, if any 0801274618	Percentage of ownership 100
Registered agent and registered office currently on file. (see instructions if you need to make changes) Agent: CORPORATION SERVICE COMPANY		You must make a filing with the Secretary of State to change registered 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.

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 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 here	DAVID LIN	Title SVP	Date 9/1/16	Area code and phone number (973) 992-2090
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VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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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

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 specified 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 Report	
Taxpayer	
Taxpayer Name: FORMOSA OLEFINS, L.L.C.	
Taxpayer Number: 32058395933	
SOS File Number or Comptroller File Number: 0802300613	
Mailing Address: PO BOX 510 POINT COMFORT, TX 77978-0510	
Principal Office:	
Principal Place Of Business: POINT COMFORT, TX	
Changes from previous year?: Yes	
Officers, Directors, Managers, Member or General Partner	
Name: FORMOSA PLASTICS CORPORATION, TEXAS	
Title: MEMBER	Director? No
Term Expiration Date:	
Mailing Address:	

9/20/2016

Franchise Tax - You Have Filed Successfully

9 PEACH TREE HILL ROAD LIVINGSTON , NEW JERSEY 07039			
Name: FORMOSA INDUSTRIES CORPORATION			
Title: MEMBER	Director? No	Term Expiration Date:	
Mailing Address: 9 PEACH TREE HILL ROAD LIVINGSTON , NEW JERSEY 07039			
Name: NAN YA PLASTICS CORPORATION, TEXAS			
Title: MEMBER	Director? No	Term Expiration Date:	
Mailing Address: 9 PEACH TREE HILL ROAD LIVINGSTON , NEW JERSEY 07039			
Owned Entity(s)			
Owned Entity(s)	State of Formation	TX SOS File #	Percentage of Ownership
None entered.			
Owners			
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 Agent and Office			
Agent: CORPORATION SERVICE COMPANY DBA CSC - LAWYERS INCO			
Office: 211 E. 7TH STREET, SUITE 620 AUSTIN, TX 78701-0510			
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 of Public Accounts

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Franchise Tax

2016 Annual No Tax Due Report

Confirmation

You Have Filed Successfully

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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: 325200

Accounting Year Begin Date: 03/09/2015 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 specified in section 171.0002(c)(4)?	No
Total Revenue:	\$0

Mailing Address

Street Address: 9 PEACH TREE HILL RD
City: LIVINGSTON
State: NJ
Zip Code: 07039 - 5702
Country: 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 Business: POINT COMFORT, TEXAS
Changes from previous year?: Yes

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 HUANG
Title: DIRECTOR Director? Yes Term Expiration Date:
Mailing Address: 9 PEACH TREE HILL ROAD
LIVINGSTON, NJ 07039

Name: JASON LIN
Title: PRESIDENT 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:
Mailing Address: 9 PEACH TREE HILL ROAD
LIVINGSTON, NJ 07039

Name: ALICE NIGHTINGALE
Title: SECRETARY Director? No Term Expiration Date:

Mailing Address: 9 PEACH TREE HILL ROAD
LIVINGSTON, NJ 07039

Owned Entity(s)

Owned Entity(s)	State of Formation	TX SOS File #	Percentage of Ownership
FORMOSA OLEFINS, L.L.C. TX		802300613	33.0

Owners

Owned Entity(s)	State of Formation	TX SOS File #	Percentage of Ownership
FORMOSA PLASTICS CORPORATION TAIWAN	NA	0	100.0

Registered Agent and Office

Agent: CORPORATION SERVICE COMPANY DBA CSC - LAWYERS INCO

Office: 211 E. 7TH STREET, SUITE 620
AUSTIN, TX 78701-5702

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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TX102P01 F5.00.02

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 number 32057655006 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 NAN YA PLASTICS CORPORATION, TEXAS		<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address 9 PEACH TREE HILL ROAD		Secretary of State (SOS) file number or Comptroller file number 0802244384	
City LIVINGSTON	State NJ	ZIP code plus 407039	

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	Term expiration
SEE STATEMENT 3		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code

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	State of formation	Texas SOS file number, if any	Percentage of ownership
FORMOSA OLEFINS, L.L.C.	TX	0802300613	21
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

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	State of formation	Texas SOS file number, if any	Percentage of ownership
NAN YA PLASTICS CORPORATION, AMERICA	DE	0008176806	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, registered office or general partner information.		
Agent: CORPORATION SERVICE COMPANY	Office: 2019 PARK STREET, COLUMBIA	City AUSTIN	State TX ZIP Code 78701

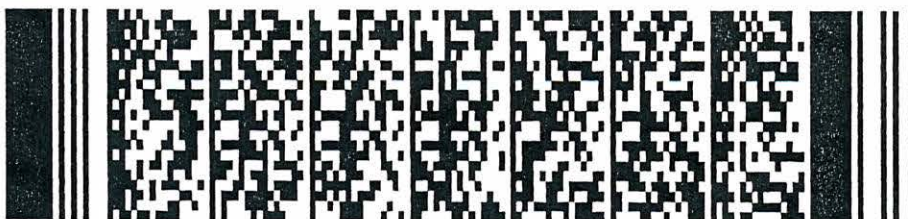
The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

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 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 here	GEORGE CHANG	Title CONTROLLER	Date 9/6/2016	Area code and phone number (973) 992-2090
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Texas Comptroller Official Use Only

VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
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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



Application for Appraised Value Limitation on Qualified Property

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)

Superintendent
Title

sign here

[Handwritten Signature]
Signature (Authorized School District Representative)

8/21/17
Date

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 here

Jack Wu
Print Name (Authorized Company Representative (Applicant))

Vice President
Title

sign here

[Handwritten Signature]
Signature (Authorized Company Representative (Applicant))

August 16, 2017
Date



(Notary Seal)

GIVEN under my hand and seal of office this, the

16 day of August, 2017

[Handwritten Signature]
Notary Public in and for the State of Texas

My Commission expires: ~~1/28/2018~~ 1/28/2018

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.