Data Analysis and Transparency Form 50-296-A

S	SECTION 9: Projected Timeline		
1.	Application approval by school board	February 20	18
2.	Commencement of construction	1/2018	
3.	Beginning of qualifying time period	2/2018	
	First year of limitation	2020	
	Begin hiring new employees	2018	
	Commencement of commercial operations	2020	
		✓ Yes	No
	Note: Improvements made before that time may not be considered qualified property.		
8.	When do you anticipate the new buildings or improvements will be placed in service?	2020	
S	ECTION 10: The Property		S
1.	Identify county or counties in which the proposed project will be located Calhoun		
2.	Identify Central Appraisal District (CAD) that will be responsible for appraising the property  Calhoun County	Appraisal Distric	t
3.	Will this CAD be acting on behalf of another CAD to appraise this property?	Yes	<b>√</b> No
4.	List all taxing entities that have jurisdiction for the property, the portion of project within each entity and tax rates for each Country.  Calhoun, 100%, .49  City:  N/A	n entity:	
		d percent of project) District, 100%, .01	
	(Name, tax rate and percent of project)  Other (describe):  (Name, tax rate and percent of project)  Calhoun Port Authority, 100%, .001  Other (describe):	d percent of project)  N/A  d percent of project)	
5.	Is the project located entirely within the ISD listed in Section 1?  5a. If no, attach in <b>Tab 6</b> additional information on the project scope and size to assist in the economic analysis.	(m = 23	No
6.	Did you receive a determination from the Texas Economic Development and Tourism Office that this proposed project and a one other project seeking a limitation agreement constitute a single unified project (SUP), as allowed in §313.024(d-2)? 6a. If yes, attach in <b>Tab 6</b> supporting documentation from the Office of the Governor.		No
S	ECTION 11: Investment	A 1 1 1 1 1 1 1 1 1 1	
NC lim	DTE: The minimum amount of qualified investment required to qualify for an appraised value limitation and the minimum amount and the minimum amount are depending on whether the school district is classified as Subchapter B or Subchapter C, and the taxable value of strict. For assistance in determining estimates of these minimums, access the Comptroller's website at comptroller.texas.go	f the property within the vector of the vect	ne school 13/.
1.	At the time of application, what is the estimated minimum qualified investment required for this school district?	30,000,000.0	
2.	What is the amount of appraised value limitation for which you are applying?	30,000,000.0	00
	Note: The property value limitation amount is based on property values available at the time of application and may change prior to the execution of any final agreement.		
3.	Does the qualified investment meet the requirements of Tax Code §313.021(1)?	✓ Yes	No
4.	<ul> <li>Attach a description of the qualified investment [See §313.021(1).] The description must include:</li> <li>a. a specific and detailed description of the qualified investment you propose to make on the property for which you value limitation as defined by Tax Code §313.021 (Tab 7);</li> <li>b. a description of any new buildings, proposed new improvements or personal property which you intend to include qualified investment (Tab 7); and</li> <li>c. a detailed map of the qualified investment showing location of tangible personal property to be placed in service operiod and buildings to be constructed during the qualifying time period, with vicinity map (Tab 11).</li> </ul>	as part of your minim	num
5.	Do you intend to make at least the minimum qualified investment required by Tax Code §313.023 (or §313.053 for Subchapter C school districts) for the relevant school district category during the qualifying time period?	Yes	No
		David David	

### Texas Comptroller of Public Accounts

Data Analysis and Transparency Form 50-296-A

100	SECTION 14: Wage and Employment Information	Lance State	
1.	What is the estimated number of permanent jobs (more than 1,600 hours a year), with the applicant or a contractor of the applicant, on the proposed qualified property during the last complete quarter before the application review start date (date your application is finally determined to be complete)?	0	
2.	What is the last complete calendar quarter before application review start date:		
	First Quarter Second Quarter Third Quarter Fourth Quarter of 2017		
3.	What were the number of permanent jobs (more than 1,600 hours a year) this applicant had in Texas during the most recent quarter reported to the Texas Workforce Commission (TWC)?	2,000	
	Note: For job definitions see TAC §9.1051 and Tax Code §313.021(3).		
4.	What is the number of new qualifying jobs you are committing to create?	10	
5.	What is the number of new non-qualifying jobs you are estimating you will create?	50	
6.	Do you intend to request that the governing body waive the minimum new qualifying job creation requirement, as provided under Tax Code §313.025(f-1)?	Yes	<b>√</b> No
	6a. If yes, attach evidence in <b>Tab 12</b> documenting that the new qualifying job creation requirement above exceeds the number necessary for the operation, according to industry standards.	er of employe	es
7.	Attach in <b>Tab 13</b> the four most recent quarters of data for each wage calculation below, including documentation from the TWC vactual statutory minimum annual wage requirement for the applicant for each qualifying job — which may differ slightly from this based on information from the four quarterly periods for which data were available at the time of the application review start date application). See TAC §9.1051(21) and (22).	estimate — v	ill be
	a. Average weekly wage for all jobs (all industries) in the county is	1,209.25	
	b. 110% of the average weekly wage for manufacturing jobs in the county is	2,193.68	
	c. 110% of the average weekly wage for manufacturing jobs in the region is	1,160.72	
8.	Which Tax Code section are you using to estimate the qualifying job wage standard required for this project? \$313.021(5)(A) o	r 🗸 §313.	021(5)(B)
9.	What is the minimum required annual wage for each qualifying job based on the qualified property?	60,357.44	
10	. What is the annual wage you are committing to pay for each of the new qualifying jobs you create on the qualified property?	60,358.00	X
11.	Will the qualifying jobs meet all minimum requirements set out in Tax Code §313.021(3)?	√ Yes	No
12	Do you intend to satisfy the minimum qualifying job requirement through a determination of cumulative economic benefits to the state as provided by §313.021(3)(F)?	Yes	<b>√</b> No
	12a. If yes, attach in Tab 12 supporting documentation from the TWC, pursuant to §313.021(3)(F).		-
13	Do you intend to rely on the project being part of a single unified project, as allowed in §313.024(d-2), in meeting the qualifying job requirements?	Yes	✓ No
	13a. If yes, attach in Tab 6 supporting documentation including a list of qualifying jobs in the other school district(s).	*	

#### **SECTION 15: Economic Impact**

- 1. Complete and attach Schedules A1, A2, B, C, and D in **Tab 14**. Note: Excel spreadsheet versions of schedules are available for download and printing at URL listed below.
- 2. Attach an Economic Impact Analysis, if supplied by other than the Comptroller's Office, in Tab 15. (not required)
- 3. If there are any other payments made in the state or economic information that you believe should be included in the economic analysis, attach a separate schedule showing the amount for each year affected, including an explanation, in **Tab 15**.

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rincipal place of	business POINT COMFO	ORT, TX						] "						
ou must report o	officer, director, member,	general partner and manage	er information	as of the date	you complete this	s report.				Ш			Ш	
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SECTION A	Name, title and mailing ac	ddress of each officer, dire	ctor, member,	general partn	er or manager.				1 2 2	2 .	3 5	5 4	0	4
Name			Title			Director			m	m	d	d	У	у
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	OLEFINS, L.L		titution	TX	ormation		302300		or, ir arry	46	95	0 01 0	***************************************	
SECTION C	Enter information for each	ch corporation, LLC, LP, PA	or financial in	nstitution, if ar	ny, that owns an in	terest of	10 percer	t or more	in this e	ntity.				
		, LP, PA or financial institut		State of fo	ormation	100,000	kas SOS fi		r, if any		centag	e of o	wner	ship
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#### Texas Franchise Tax Public Information Report

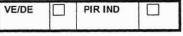
To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),

(Rev.9-15/33) Professional Associations (PA) and Financial Institutions

**■Tcode** 13196 You have certain rights under Chapter 552 and 559, Taxpayer number Report year Government Code, to review, request, and correct information we have on file about you. Contact us at 1-800-252-1381. 12230265949 2016 FORMOSA PLASTICS CORPORATION, AMERICA Check box if the mailing address has changed. Secretary of State (SOS) file number or Mailing address 9 PEACH TREE HILL ROAD Comptroller file number City LIVINGSTON State NJ ZIP code plus 407039 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. d d У У Name Title Director m m YES Term expiration SEE ATTACHMENT ZIP Code Mailing address City State d d V Name Title Director m m V YES Term expiration ZIP Code Mailing address City State Name Title Director m d у у YES Term expiration Mailing address 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 Texas SOS file number, if any Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution Percentage of ownership State of formation 0005752510 FORMOSA UTILITY VENTURE XT Texas SOS file number, if any Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution State of formation 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 FORMOSA PLASTICS CORPORATION, U.S.A 0801274618 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 STREET State TX ZIP Code 78701 City AUSTIN 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 LIN Title Date Area code and phone number sign here SVP (973) 992-2090 Texas Comptroller Official Use Only PIR IND VE/DE

Texas Franchise Tax Public Information Report  (ver. 7.0 (per. 9-16/33) To be filed by Corporations, Limited Lability Companies (L.C.). Limited Partnerships (JP),  professional Associations (PA) and Financial Institutions  Tooked 1319 6  Tax payer number  Report year  You have certain rights under Chapter 56  Government Gode, to review, request, and correct in  with have certain rights under Chapter 56  Tax payer number  Report year  You have certain rights under Chapter 56  Government Gode, to review, request, and correct in  with have certain rights under Chapter 56  Tax payer number  Report year  You have certain rights under Chapter 56  Too payer number  NAN YA PLASTICS CORPORATION, AMERICA  Tax payer number  Report year  You have certain rights under Chapter 56  Too payer number  Report year  You have certain rights under Chapter 56  Too payer number  Report year  You have certain rights under Chapter 56  Too payer number  NAN YA PLASTICS CORPORATION, AMERICA  The control of the payer of State 50 (S) file number of Top payer of State 50 (S) file number of Top payer of State 50 (S) file number of Top payer of State 50 (S)	
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The 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.  This report was to be signed to satisfy franchise tax requirements.  Please sign below!  This report must be signed to satisfy franchise tax requirements.  Title  Director  Term m m d d  Term morphalon  SEE STATEMENT 1  Alaling address  City  State  Title  Director  Title  Director  Term morphalon  State  Title  Director  Term morphalon  State  Title  Director  Term morphalon  State  ZIP Code  Title  Director  Term morphalon  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  NAN YA PLASTICS CORPORATION, TEXAS  TX  OBSO2 4438 4  In Director  Texas SOS file number, if any Percentage of on NAN YA PLASTICS CORPORATION, TEXAS  TX  ORGENSIAN  Section Service and requirements of the service	ber or
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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.  Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  NAN YA PLASTICS CORPORATION, TEXAS  SECTION C Enter information for each corporation, LLC, LP, PA or financial institution  NAN YA PLASTICS CORPORATION, TEXAS  Name of owned (parent) corporation, LLC, LP, PA or financial institution  NAN YA PLASTICS CORPORATION, TAIWAN  NAME of owned (parent) corporation, LLC, LP, PA or financial institution  NAN YA PLASTICS CORPORATION, TAIWAN  Registered agent and registered office currently on file. (see instructions if you need to make changes)  Agent: CORPORATION SERVICE CO  Office: 2019 PARK STREET, COLUMBIA  City AUSTIN  State TX  ZIP Cod  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 Reposite for Sections A, B, and C, if necessary. The information will be available for public inspection.  Sign A  GEORGE CHANG  Title  Date  Area code and phone in	, ,
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FORMOSA UTILITY VENTURE, LTD.  TX  O005752510  12  Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  NAN YA PLASTICS CORPORATION, TEXAS  TX  O802244384  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  Registered agent and registered office currently on file. (see instructions if you need to make changes)  Agent: CORPORATION SERVICE CO  Office: 2019 PARK STREET, COLUMBIA  City AUSTIN  State TX  ZIP Cod  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 Repisheets for Sections A, B, and C, if necessary. The information will be available for public inspection.  Ideclare 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 the 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.  Sign A  GEORGE CHANG	
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution  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 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  Registered agent and registered office currently on file. (see instructions if you need to make changes)  Agent: CORPORATION SERVICE CO  Office: 2019 PARK STREET, COLUMBIA  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 Repisheets for Sections A, B, and C, if necessary. The information will be available for public inspection.  Ideclare that the information in this document and any attachments is true and correct to the best of my knowledge and bellef, as of the date below, and that a copy of the 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.  Sign A  ORDORATION SERVICE CO  Title Date  Area code and phone in	nership
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NAN YA PLASTICS CORPORATION, TAIWAN  Registered agent and registered office currently on file. (see instructions if you need to make changes)  Agent: CORPORATION SERVICE CO  Office: 2019 PARK STREET, COLUMBIA  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 Republic inspection.  Ideclare that the information in this document and any attachments is true and correct to the best of my knowledge and bellef, as of the date below, and that a copy of the Deen 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 contact.  Sign A  GEORGE CHANG  Title  Date  Area code and phone in	
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Office: 2019 PARK STREET, COLUMBIA  City AUSTIN  State TX  ZIP Cod  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 Repulates 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 the cent 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 con LC, LP, PA or financial institution.  Sign A  GEORGE CHANG  Title  Date  Area code and phone in	registered
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Texas Comptroller Official Use Only	0







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#### Texas Franchise Tax Public Information Report

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	<b>■Tcode</b> 13196												
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ou must report	officer, director, member, general pa	rtner and manager	information as	of the date you complete	e this rep	ort.		Ш					Ш
Please sig	n below! This report m	nust be signed	to satisfy fi	ranchise tax require	ments.			Ш				Ш	Ш
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#### Texas Franchise Tax Public Information Report

Ver. 7.0 (Rev 9- 15/33)

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),

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<b>■Tcode</b> 13196								
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ou must report officer, director, member, general partner and m  Please sign below! This report must be si								I
Please sign below! This report must be si	gned to satisfy fra	inchise tax requireme	mts.					
SECTION A Name, title and mailing address of each officer	, director, member, gen	eral partner or manager.		1 2	2 3 4 9	8 5	6 0	) 5
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Agent: CORPORATION SERVICE COMPANY Office: 800 BRAZOS ST. STE 750		City AUSTIN	nt, registered orr	ice or general partn		ZIP Code	e787	17
The information on this form is required by Section 171.203 of t	he Tax Code for each c		financial institut					-
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TX2016 Ver. 7,0 05-102 (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

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cipal place of business POINT COMFORT, TEXAS											
must report officer, director, member, general partner and manage	r information a	s of the date you complete th	nis repor	rt.					Ш		
ease sign below! This report must be signed	d to satisfy f	ranchise tax requireme	ents.								
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ECTION A Name, title and mailing address of each officer, direct	ctor, member, g	eneral partner or manager.				1 .	2 5	1 5	0	59	136
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Area code and phone number

(973) 992-2090

TX102P01 F5.00.02 TX2016 Texas Franchise Tax Public Information Report 05-102 Ver. 7.0 (Rev.9-15/33) 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 12512555538 2016 we have on file about you. Contact us at 1-800-252-1381. NEUMIN PRODUCTION COMPANY Check box if the mailing address has changed. Secretary of State (SOS) file number or 9 PEACH TREE HILL ROAD 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 Title Director m d d ٧ у Term SEE ATTACHMENT expiration Mailing address City ZIP Code State Title Director m d d YES Term expiration Mailing address City State ZIP Code Title Director d d m m у у YES Term expiration M ailing address 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 NEUMIN OIL AND GAS, LLC DE 0800788411 Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution State of formation Texas SOS file number, if any Percentage of ownership DALE OKLAHOMA, LLC DE N/A 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 FORMOSA PLASTICS CORPORATION, U.S.A 0801274618 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. 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.

Texas Comptroller Official Use Only

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TX2016 05-102 <b>Texas Fra</b>	nchise Ta	x Public Informat	ion F	Report							100
Ver. 7.0 (Rev.9-15/33) To be filed by Corpor	ations, Limited	Liability Companies (LLC), L ns (PA) and Financial Instituti	imited		s (LP),						
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Principal office POINT COMFORT, TX  Principal place of business POINT COMFORT, TX											
				l.							
You must report officer, director, member, general partner and manag				ort.							
Please sign below! This report must be signed	d to satisfy	franchise tax requiren	nents.								
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Name	Title	general partner or manager.	Dire	otor				1 d			
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Mailing address Name	City				State			ZIP			
	little		Dire	ctor YES	Term	n	n n	n d	d	у	У
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Mailing address  Name	City				State			ZIP	Code		
Name	Title		Dire			n	n m	d	d	у	У
				YES	Term expirati	on					
Mailing address	City				State			ZIP	ode		
SECTION B Enter information for each corporation, LLC, LP, PA Name of owned (subsidiary) corporation, LLC, LP, PA or financial insi	or financial ins		entity o	NAME OF THE OWNER OWNER, THE OWNER OWNER, THE OWNER OWNER, THE OWNE							
(-123 and ) / sorporation, ELO, EF, FA or illiancial ins	itution	State of formation		Texas SOS	file num	nber, if any	P	ercenta	ige of o	wnersi	hip
Name of owned (subsidiary) corporation, LLC, LP, PA or financial inst	itution	State of formation		Texas SOS	file num	ber, if any	P	ercenta	ge of o	wners	hip
SECTION C Enter information for each corporation, LLC, LP, PA	or financial ins	titution, if any, that owns an	interes	t of 10 perce	nt or mo	ore in this	entity				
Name of owned (parent) corporation, LLC, LP, PA or financial institution FORMOSA PLASTICS CORPORATION, U.S.	on	State of formation		Texas SOS f	ile numi	ber, if any		ercenta	ge of o	wnersh	hip
Registered agent and registered office currently on file. (see instruction)		DE		080127				00			_
Agent: CORPORATION SERVICE COMPANY	ons ir you need		ı must r nt, regi	nake a filing stered office	with the or gen	eral partne	of St	ate to o	h ange	registe	ered
Office: 800 BRAZOS ST STE 750		City AUSTIN				State TX			P Code		
he information on this form is required by Section 171.203 of the Ta heets for Sections A, B, and C, if necessary. The information will be	Code for each	corporation, LLC, LP, PA or	financ	ial institutior	that fil	es a Texas	Franc	hise Ta	x Repo	ort. Use	addit
declare that the information in this document and any attach mental			ine and	helief as of	thodat	a halaw a	nd th		6 1 1	1	
peen mailed to each person named in this report who is an officer, dir LC, LP, PA or financial institution.	ector, member,	general partner or manager	and wh	o is not curre	ently em	ployed by	this	r a rela	ed cor	poratio	n,
sign here David Lin		itle	Date	01.	1.1		a cod	e and p	none ni	umber	
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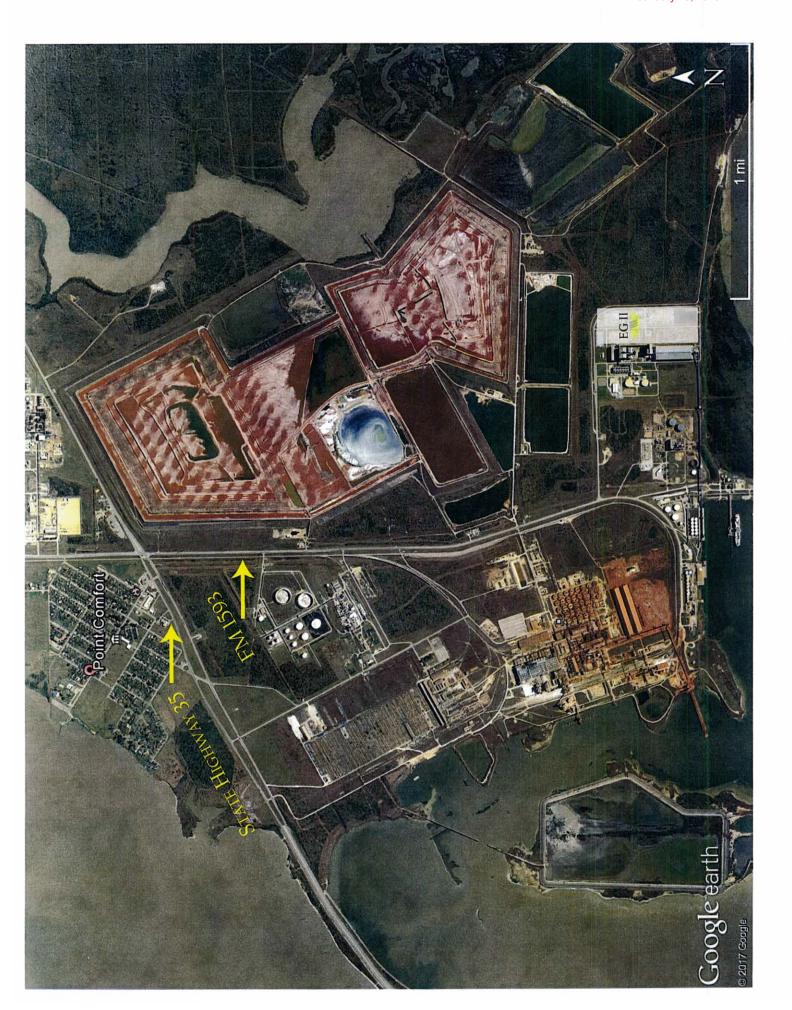
#### Texas Franchise Tax Public Information Report

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	3		

Ver. 7.0 To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), (Rev.9-15/33) Professional Associations (PA) and Financial Institutions **■Tcode** 13196 You have certain rights under Chapter 552 and 559, Taxpayer number Report year Government Code, to review, request, and correct information we have on file about you. Contact us at 1-800-252-1381. 32057655006 2016 NAN YA PLASTICS CORPORATION, TEXAS 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 ZIP code plus 407039 State NJ 0802244384 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 d d Title у у Director m m YES Term expiration SEE STATEMENT 3 Mailing address ZIP Code City State Title Director d d m m у у YES Term expiration Mailing address City ZIP Code Name Title Director d d m у у YES expiration Mailing address ZIP Code City State 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. 0802300613 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 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: CORPORATION SERVICE COMPANY agent, registered office or general partner information. Office: 2019 PARK STREET, COLUMBIA City AUSTIN ZIP Code 78701 State TX 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. GEORGE CHANG sign Title Area code and phone number 9/6/2016 here CONTROLLER (973) 992-2090 **Texas Comptroller Official Use Only** VE/DE PIR IND







## Google Maps



#### **TAB 13**

Calculation of three possible wage requirements with supporting documentation

# AVERAGE WEEKLY WAGES FOR ALL JOBS, ALL INDUSTRIES IN CALHOUN COUNTY COUNTY

FOUR MOST RECENT QUARTERS

COUNTY	YEAR	QUARTER	OWNERSHIP	Avg. Weekly Wage
Calhoun County	2016	Q3	Total All	\$1,228
Calhoun County	2016	Q4	Total All	\$1,171
Calhoun County	2017	Q1	Total All	\$1,234
Calhoun County	2017	Q2	Total All	\$1,204
(0)		SUM:		\$4,837
	CA	LCULATION:		\$4,837/4 = <b>\$1,209.25</b>

# AVERAGE WEEKLY WAGES FOR MANUFACTURING JOBS IN CALHOUN COUNTY COUNTY

FOUR MOST RECENT QUARTERS

COUNTY	YEAR	QUARTER	OWNERSHIP	Avg. Weekly Wage
Calhoun County	2016	Q2	Private	\$1,859
Calhoun County	2016	Q3	Private	\$1,948
Calhoun County	2016	Q4	Private	\$2,180
Calhoun County	2017	Q1	Private	\$1,990
		SUM:		\$7,977
	CA	LCULATION:		(\$7,977/4)*1.1 =
				\$2193.68

# AVERAGE WEEKLY WAGES FOR MANUFACTURING JOBS IN THE REGION (WDA)

FOUR MOST RECENT QUARTERS

REGION / WDA	YEAR	Hourly/Annual	Avg. Weekly Wage
Golden Crescent	2016	\$26.38/\$54,879	\$1,055.20
		CALCULATION:	\$1,055.20 * 1.1 = <b>\$1,160.72</b>

Please refer to the attached TWC & Council of Governments documentation below.

### **Quarterly Employment and Wages (QCEW)**

Back

### I.CODETITLE

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Page	1	of 1	(40	resul	ts	page	2)

Year	Period	Area	Ownership	Division	Level	and Code	■Industry	Avg Weekly Wages
2016	1st Qtr	Calhoun County	Total All	00	0	10	Total, all industries	\$1,151
2016	1st Qtr	Calhoun County	Private	00	0	10	Total, all industries	\$1,210
2016	2nd Qtr	Calhoun County	Total All	00	0	10	Total, all industries	\$1,171
2016	2nd Qtr	Calhoun County	Private	00	0	10	Total, all industries	\$1,228
2016	3rd Qtr	Calhoun County	Total All	00	0	10	Total, all industries	\$1,228
2016	3rd Qtr	Calhoun County	Private	00	0	10	Total, all industries	\$1,282
2016	4th Qtr	Calhoun County	Total All	00	0	10	Total, all industries	\$1,249
2016	4th Qtr	Calhoun County	Private	00	0	10	Total, all industries	\$1,312
2017	1st Qtr	Calhoun County	Total All	00	0	10	Total, all industries	\$1,251
2017	1st Qtr	Calhoun County	Private	00	0	10	Total, all industries	\$1,328
2017	2nd Qtr	Calhoun County	Total All	00	0	10	Total, all industries	\$1,204
2017	2nd Qtr	Calhoun County	Private	00	0	10	Total, all industries	\$1,263
2017	2nd Qtr	Calhoun County	Total All	31	2	31-33	Manufacturing	\$1,990
2017	2nd Qtr	Calhoun County	Private	31	2	31-33	Manufacturing	\$1,990
2017	1st Qtr	Calhoun County	Total All	31	2	31-33	Manufacturing	\$2,180
2017	1st Qtr	Calhoun County	Private	31	2	31-33	Manufacturing	\$2,180
2016	4th Qtr	Calhoun County	Total All	31	2	31-33	Manufacturing	\$1,948
2016	4th Qtr	Calhoun County	Private	31	2	31-33	Manufacturing	\$1,948
2016	3rd Qtr	Calhoun County	Total All	31	2	31-33	Manufacturing	\$1,859
2016	3rd Qtr	Calhoun County	Private	31	2	31-33	Manufacturing	\$1,859
2016	2nd Qtr	Calhoun County	Total All	31	2	31-33	Manufacturing	\$1,748
2016	2nd Qtr	Calhoun County	Private	31	2	31-33	Manufacturing	\$1,748
2016	1st Qtr	Calhoun County	Total All	31	2	31-33	Manufacturing	\$1,804
2016	1st Qtr	Calhoun County	Private	31	2	31-33	Manufacturing	\$1,804

#### Schedule C: Employment Information

Date 10/9/2017 Applicant Name Nan Ya Plastics Corp., Texas ISD Name Calhoun County

Form 50-296A

Revised May 2014

los Name Gamoun Gounty			Construction		Non-Qualifying Jobs Qualifying Job		ng Jobs	
				Column A	Column B	Column C	Column D	Column E
	Year	School Year (YYYY-YYYY)	Tax Year (Actual tax year) YYYY	Number of Construction FTE's or man-hours (specify)	Average annual wage rates for construction workers	Number of non-qualifying jobs applicant estimates it will create (cumulative)	Number of new qualifying jobs applicant commits to create meeting all criteria of Sec. 313.021(3) (cumulative)	Average annual wage of new qualifying jobs
Each year prior to start of	0	2018-2019	2018	3.000 MH / Month	54,785.00	10	10	60,358
Value Limitation Period Insert as many rows as necessary	0	2019-2020	2019	96,000 MH / Month	54,785.00	10	10	60,358
	1	2020-2021	2020	64,000 MH / Month	54,785.00	47	10	60,358
	2	2021-2022	2021			50	10	60,358
	3	2022-2023	2022			50	10	60,358
	4	2023-2024	2023			50	10	60,358
Value Limitation Period The qualifying time period could overlap the	5	2024-2025	2024			50	10	60,358
value limitation period.	6	2025-2026	2025			50	10	60,358
	7	2026-2027	2026			50	10	60,358
	8	2027-2028	2027			50	10	60,358
	9	2026-2027	2026			50	10	60,358
	10	2027-2028	2027			50	10	60,358
Years Following Value Limitation Period	11 through 25	2028-2029	2028-2042			50	10	60,358

Notes: See TAC 9.1051 for definition of non-qualifying jobs.

Only include jobs on the project site in this school district.

Are the cumulative number of qualifying jobs listed in Column D less than the number of qualifying jobs required by statute?

C1.	required by statute: I qualifying jobs in Subchapter B districts, 10 qualifying jobs in Subchapter C districts)	(25	Yes	X	N
	If yes, answer the following two questions:				
C1a	Will the applicant request a job waiver, as provided under 313.025(f-1)?		Yes		N
C1b	Will the applicant avail itself of the provision in 313.021(3)(F)?		Yes		N

1/28/2018

#### Texas Comptroller of Public Accounts

#### SECTION 16: Authorized Signatures and Applicant Certification

(Notary Seal)

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

### 1. Authorized School District Representative Signature

2.

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	Dr. James Cowley	Superintendent
sign here	Print Name (Authorized School District Representative)  A. A. B. Couly  Signature (Authorized School District Representative)	1 - 9 - 2018 Date
Authoria	zed Company Representative (Applicant) Signature and Nota	arization
record as	authorized representative for the business entity for the purpose of filing defined in Chapter 37 of the Texas Penal Code. The information contain edge and belief.	this application. I understand that this application is a government ed in this application and schedules is true and correct to the best of
I hereby of and that r	certify and affirm that the business entity I represent is in good standing to delinquent taxes are owed to the State of Texas.	under the laws of the state in which the business entity was organized
print here	Jack Wu	Vice President
sign here	Print Name (Authorized Company Representative (Applicant))  Signature (Authorized Company Representative (Applicant))	Tile 1/02/2018
	NANCY L. MAYER MY COMMISSION EXPIRES January 28, 2018	GIVEN under my hand and seal of office this, the  2nd day of January 2018  Motary Public in and for the State of Texas

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.

My Commission expires: