

SECTION 9: Projected Timeline

1. Application approval by school board	February 2018
2. Commencement of construction	1/2018
3. Beginning of qualifying time period	2/2018
4. First year of limitation	2020
5. Begin hiring new employees	2018
6. Commencement of commercial operations	2020
7. Do you propose to construct a new building or to erect or affix a new improvement after your application review start date (date your application is finally determined to be complete)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

SECTION 10: The Property

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 District
3. Will this CAD be acting on behalf of another CAD to appraise this property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. List all taxing entities that have jurisdiction for the property, the portion of project within each entity and tax rates for each entity:	
County: <u>Calhoun, 100%, .49</u> <small>(Name, tax rate and percent of project)</small>	City: <u>N/A</u> <small>(Name, tax rate and percent of project)</small>
Hospital District: <u>N/A</u> <small>(Name, tax rate and percent of project)</small>	Water District: <u>Ground Water District, 100%, .01</u> <small>(Name, tax rate and percent of project)</small>
Other (describe): <u>Calhoun Port Authority, 100%, .001</u> <small>(Name, tax rate and percent of project)</small>	Other (describe): <u>N/A</u> <small>(Name, tax rate and percent of project)</small>
5. Is the project located entirely within the ISD listed in Section 1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5a. If no, attach in Tab 6 additional information on the project scope and size to assist in the economic analysis.	
6. Did you receive a determination from the Texas Economic Development and Tourism Office that this proposed project and at least one other project seeking a limitation agreement constitute a single unified project (SUP), as allowed in §313.024(d-2)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6a. If yes, attach in Tab 6 supporting documentation from the Office of the Governor.	

SECTION 11: Investment

NOTE: The minimum amount of qualified investment required to qualify for an appraised value limitation and the minimum amount of appraised value limitation vary depending on whether the school district is classified as Subchapter B or Subchapter C, and the taxable value of the property within the school district. For assistance in determining estimates of these minimums, access the Comptroller's website at comptroller.texas.gov/economy/local/ch313/.

1. At the time of application, what is the estimated minimum qualified investment required for this school district?	30,000,000.00
2. What is the amount of appraised value limitation for which you are applying?	30,000,000.00
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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Attach a description of the qualified investment [See §313.021(1).] The description must include:	
a. a specific and detailed description of the qualified investment you propose to make on the property for which you are requesting an appraised value limitation as defined by Tax Code §313.021 (Tab 7);	
b. a description of any new buildings, proposed new improvements or personal property which you intend to include as part of your minimum qualified investment (Tab 7); and	
c. a detailed map of the qualified investment showing location of tangible personal property to be placed in service during the qualifying time period and buildings to be constructed during the qualifying time period, with vicinity map (Tab 11).	
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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Tcode 13196

Taxpayer number

Report year

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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 4 07039 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.

1 2 2 2 3 5 5 4 6 4 8 1 6

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

Name	Title	Director <input type="checkbox"/> YES	m m d d y y Term expiration
SEE ATTACHMENT			
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	m m d d y y Term expiration
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	m m d d y y Term expiration
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 UTILITY VENTURE	TX	0005752510	29
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	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	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 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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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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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

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1 2 2 3 0 2 6 5 9 4 9 1 6

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SEE ATTACHMENT			
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

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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	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

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	DE	0801274618	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: 800 BRAZOS STREET,	City AUSTIN	State TX	ZIP Code 78701
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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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we have on file about you. Contact us at 1-800-252-1381.

12230091196		2016	
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 4 07039	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.

1 2 2 3 0 0 9 1 1 9 6 1 6

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

Name	Title	Director <input type="checkbox"/> YES	Term expiration
SEE STATEMENT 1			
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration
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 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 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, 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, registered office or general partner information.

Agent: CORPORATION SERVICE CO	Office: 2019 PARK STREET, COLUMBIA	City AUSTIN	State TX	ZIP Code 78701
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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 9/11/16	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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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

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1 2 2 3 0 3 2 5 0 2 4 1 6

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

Name	Title	Director <input type="checkbox"/> YES	Term expiration 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
Name DAVID LIN	TREASURER	<input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 9 PEACH TREE HILL ROAD	City LIVINGSTON	State NJ	ZIP Code 07039
Name ALICE NIGHTINGALE	SECRETARY	<input type="checkbox"/> YES	Term expiration m m d d y y
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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sign here	DAVID LIN	Title SVP	Date 9/1/16	Area code and phone number (973) 992-2090
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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

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

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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 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 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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VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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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
City POINT COMFORT	State TX	ZIP code plus 477978	0007916306

☐ 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

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Name	Title	Director <input type="checkbox"/> YES	Term expiration
SEE ATTACHMENT			
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration
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Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
ONG JOINT VENTURE	TX		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	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 need to make changes)			
Agent: CORPORATION SERVICE COMPANY			
Office: 800 BRAZOS ST STE 750		City AUSTIN	State TX ZIP Code 78701

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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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VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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12512555538

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 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 0003676606
City LIVINGSTON	State NJ ZIP code plus 4 07039	

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Principal office POINT COMFORT, TX
Principal place of business POINT COMFORT, TX

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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
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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.

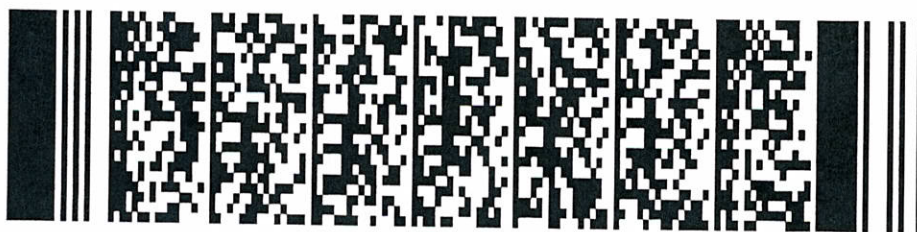
Name of owned (parent) corporation, LLC, LP, PA or financial institution FORMOSA PLASTICS CORPORATION, U.S.A	State of formation DE	Texas SOS file number, if any 0801274618	Percentage of ownership 100
Registered agent and registered office currently on file. (see instructions if you need to make changes) 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 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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1023

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 4 07039	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	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
SEE ATTACHMENT			
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.

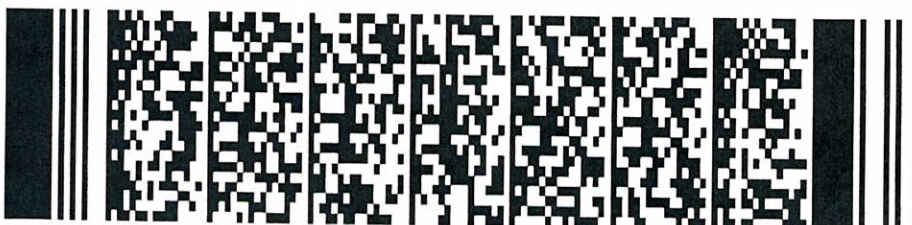
Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
FORMOSA PLASTICS CORPORATION, U.S.A	DE	0801274618	100
Registered agent and registered office currently on file. (see instructions if you need to make changes)		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

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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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.

32057655006

2016

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	
City LIVINGSTON	State NJ	ZIP code plus 407039	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.

3 2 0 5 7 6 5 5 0 0 6 1 6

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

Name	Title	Director	m m d d y y	
SEE STATEMENT 3		<input type="checkbox"/> YES	Term expiration	
Mailing address	City	State	ZIP Code	
Name	Title	Director	m m d d y y	
		<input type="checkbox"/> YES	Term expiration	
Mailing address	City	State	ZIP Code	
Name	Title	Director	m m d d y y	
		<input type="checkbox"/> YES	Term expiration	
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	Date	Area code and phone number
		CONTROLLER	9/6/2016	(973) 992-2090

Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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1023



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
SUM:				\$4,837
CALCULATION:				$\$4,837/4 = \$1,209.25$

**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
CALCULATION:				$(\$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:			$\$1,055.20 * 1.1 = \$1,160.72$

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

Quarterly Employment and Wages (QCEW)

[Back](#)

I.CODETITLE

Page 1 of 1 (40 results/page)

Year	Period	Area	Ownership	Division	Level	Ind 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

Form 50-296A

ISD Name Calhoun County

Revised May 2014

				Construction		Non-Qualifying Jobs	Qualifying 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 Value Limitation Period <i>Insert as many rows as necessary</i>	0	2018-2019	2018	3,000 MH / Month	54,785.00	10	10	60,358
	0	2019-2020	2019	96,000 MH / Month	54,785.00	10	10	60,358
Value Limitation Period <i>The qualifying time period could overlap the value limitation period.</i>	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
	5	2024-2025	2024			50	10	60,358
	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.

- C1.** Are the cumulative number of qualifying jobs listed in Column D less than the number of qualifying jobs required by statute? (25) ☐ Yes ☒ No
- qualifying jobs in Subchapter B districts, 10 qualifying jobs in Subchapter C districts)
- If yes, answer the following two questions:
- C1a.** Will the applicant request a job waiver, as provided under 313.025(f-1)? ☐ Yes ☐ No
- C1b.** Will the applicant avail itself of the provision in 313.021(3)(F)? ☐ Yes ☐ No

Texas Comptroller of Public Accounts

Data Analysis and
Transparency
Form 50-296-A

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

Dr. James Cowley

Superintendent

Print Name (Authorized School District Representative)

Title

sign
here

Dr. James B. Cowley

Signature (Authorized School District Representative)

1-9-2018

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

Vice President

Print Name (Authorized Company Representative (Applicant))

Title

sign
here

Jack Wu

Signature (Authorized Company Representative (Applicant))

1/02/2018

Date



(Notary Seal)

GIVEN under my hand and seal of office this, the

2nd day of January, 2018

Nancy L. Mayer

Notary Public in and for the State of Texas

My Commission expires: 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.