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| G K I A C C C C C C C C C C C C C C C C C C                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| To the Honorable Commissioner of Patents and Trademarks. Please                                                                     | record the attached original documents or copy thereof.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Name of conveying party(les):                                                                                                       | 2. Name and address of receiving party(ice):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| Lyondell-Citgo Refining Company Ltd.                                                                                                | yondell-Citgo Refining LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| The New Lond B                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| ☐ Individual(s) ☐ Association ☐ General Partnership ☐ Limited byttnership ☐ Corporation-State                                       | Secon Addres: 12000 Lawndale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| Coher a Texas limited liability compan                                                                                              | City Houston State TX 2IP 77017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Additional manu(s) of conveying party(las) attached?    Yes                                                                         | City State ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| 3. Nature of conveyance:                                                                                                            | Association                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| ☐ Assignment ☐ Merger                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Change of Name                                                                                                                      | General Partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| Other Conversion                                                                                                                    | Limited Pertnership Delaware                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| Execution Date: December 31, 1998                                                                                                   | Corporation-State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|                                                                                                                                     | Y configure in not descripted in the United States, a descripte representative designation is established. ☐ Yes. ☐ No. (Ovelganties must be a separate decriment from Analysman) Additional manufo) & addressing attached? ☐ Yes. ☑ No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
|                                                                                                                                     | A STATE OF THE STA |  |  |
| 4. Application number(s) or registration number(s):                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| A. Trademark Application No.(s)                                                                                                     | B. Trademark registration No.(s) 521,565                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| Additional numbers attac                                                                                                            | hed? Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| 5. Name and address of party to whom correspondence concerning document about be mailed: Robert E. Lee, Jr. Name: c/o Vickie Thomas | 6. Total number of applications and registrations involved:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Internal Address: Lyondell Chemical Company                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                     | 7. Total fee (37 CFR 3.41):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|                                                                                                                                     | ☐ Bnolosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|                                                                                                                                     | Authorized to be charged to deposit account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Street Address: 1221 McKinney, Suite 1600                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                     | 8. Deposit account number: 12–2495                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| City: Houston State: TX ZIP 77010                                                                                                   | (Attach duplicate copy of this page if paying by deposit account)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| DO NOT USE T                                                                                                                        | HIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| 9. Statement and signature.                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| To the best of my knowledge and belief, the foregoing information is the original document.                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Vickie Thomas Muchu Thomas 2-22-00                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Name of Person Signing                                                                                                              | Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| 0 MINUTEN 0000005 122475 521565                                                                                                     | Total number of pages comprising cover sheet:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| ,,                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |

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# The State of Texas

# SECRETARY OF STATE

## CERTIFICATE OF CONVERSION

The undersigned, as Secretary of State of Texas, hereby certifies that the attached Articles of Conversion of

LYONDELL-CITGO REFINING COMPANY LTD.

a Texas limited liability company
converting it to
LYONDELL-CITGO REFINING LP
a Delaware no permit entity

have been received in this office and found to conform to law. ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law, hereby issues this Certificate of Conversion.

Filed:

**DECEMBER 31 1998** 

Effective:

**DECEMBER 31 1998 4:00 PM** 



Alberto R. Gonzales

Secretary TO ADEMARK

**REEL: 002044 FRAME: 0539** 



#### ARTICLES OF CONVERSION

converting

LYONDELL-CITGO REFINING COMPANY LTD

(a Texas limited liability corporation)

Secretary of the second

DEC 3 1 1998

CURPLY COLORS

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into

# LYONDELL-CITGO REFINING LP (a Delaware limited partnership)

The undersigned officer of LYONDELL-CITGO Refining Company Ltd., a Texas limited liability company (the "Converting Entity") does hereby file the following Articles of Conversion under Article 10.09 of the Texas Limited Liability Company Act (the "Act") for the purpose of converting into LYONDELL-CITGO Refining LP (a Delaware limited partnership) (the "Converted Entity").

- 1. The Plan of Conversion (the "Plan") is attached hereto at Exhibit A.
- 2. The approval of the Plan was duly authorized by all action required under the Act and by the Converting Entity's constituent documents.
- 3. The Converted Entity shall be responsible for the payment of all fees and franchise taxes as required by law to be paid by the Converting Entity and the Converted Entity will be obligated to pay such fees and franchise taxes if the same are not timely paid.
- 4. The Conversion shall be effective as of \(\frac{1}{2}\):00 \(\rho\).m. (Central time), December 31, 1998.

EXECUTED this 3/st day of December.

LYONDELL-CITGO REFINING COMPANY LTD.

By:

Name:

Title:

Vu Priname

HOU03:578048.1



#### PLAN OF CONVERSION

#### converting

# LYONDELL-CITGO REFINING COMPANY LTD. (a Texas limited liability company)

into

# LYONDELL-CITGO RÉFINING LP (a Delaware limited partnership)

This Plan of Conversion ("Plan") is agreed to and entered into as of this 315 day of December, 1998 by LYONDELL-CITGO REFINING COMPANY LTD. (a Texas limited liability company) pursuant to Article 10.08 of the Texas Limited Liability Company Act and Section 17-217 of the Delaware Revised Uniform Limited Partnership Act.

#### **ARTICLE I**

# NAMES OF THE CONVERTING ENTITY AND THE CONVERTED ENTITY

The name of the converting entity is LYONDELL-CITGO Refining Company Ltd. (a Texas limited liability company) (the "Converting Entity"). The name of the converted entity is LYONDELL-CITGO Refining LP (a Delaware limited partnership) (the "Converted Entity").

#### ARTICLE II

# **CONTINUATION OF EXISTENCE**

The Converting Entity is continuing its existence in the organizational form of the Converted Entity.

#### ARTICLE III

## **CONVERTED ENTITY**

The Converted Entity will be a limited partnership formed under the laws of the State of Delaware.

HOU03:578039.3

#### **ARTICLE IV**

# MANNER AND BASIS OF CONVERTING INTEREST

As of the effective time of the conversion, the membership interests previously owned by the Members of the Converting Entity will be converted into partnership interests in the Converted Entity as set forth below:

| Member                               | Member Interest        | Partnership Interest                                             |
|--------------------------------------|------------------------|------------------------------------------------------------------|
| Lyondell Refining Company            | 10.10% member interest | 1.00% general partner interest<br>9.10% limited partner interest |
| Lyondell Refining LP, LLC            | 48.65% member interest | 48.65% limited partner interest                                  |
| CITGO Refining Investment<br>Company | 40.25% member interest | 40.25% limited partner interest                                  |
| CITGO Gulf Coast Refining, Inc.      | 1.00% member interest  | 1.00% general partner interest                                   |

## ARTICLE V

### **EFFECTIVE TIME**

The effective time of the Conversion will be  $\underline{4}$ :00  $\underline{p}$ .m. (Central time), December 31, 1998.

-2-

HOU03:578039.3

1

IN WITNESS WHEREOF, this Plan is dated as of the date first set forth above.

LYONDELL-CITGO REFINING COMPANY LTD., a Texas limited liability company

By: Name:

2

HOU03:578039.3

**RECORDED: 02/28/2000**