

INSTRUCTIONS: Report must be submitted in duplicate to the Registration Unit, Internal Security Section, Criminal Division, Department of Justice, Washington, D.C. 20530. The original must be signed by or on behalf of the registrant. All items in this form must be answered, unless the answer is "none" or "not applicable," in which case such an entry shall be made in the appropriate space. If additional space is needed for any item, attach supplemental sheet identifying each item.

1. Name of registrant Burson-Marsteller		2. Registration No. 2469	
3. Nature of material (<i>A concise account of the nature of the propaganda material filed</i>) Two-page release			
4. Title of material, if any IBN HAYYAN COMPLETES PVC EXPANSION		5. Name of foreign principal on whose behalf this material was transmitted. SABIC	
6. Means of transmission Mail	7. Dates of transmission Dec 24, 1991	8. Total copies transmitted 62	
9. List addresses from which this material was transmitted: 230 Park Avenue South New York, NY 10003		10. List states and territories of the United States to which material was transmitted: NY, TX, IL, OK, CT, MA, CA, MD, NJ, OH, Washington, DC	
11. Types of recipients (<i>Give number of organizations in each group</i>) Libraries _____ Public officials _____ Newspapers <u>4</u> _____ Press services of associations _____ Educational institutions _____ Civic groups _____ Other (<i>specify</i>) <u>Trade Magazines 51</u> <u>Business Press 7</u>		12. List names and addresses of persons or organizations receiving 100 copies or more: NA	
13. If the material transmitted was a film or radio or television script, furnish the following information:			
Name of station, organization, or theater using (<i>including city and state</i>)	Date or dates broadcast or shown	Estimated attendance (for film(s))	
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14. Have two copies of this material been filed with the Department of Justice? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
15. Has this material been labeled as required by the act? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Date of report 1/9/92	Name and title Karen Haines Staff Professional	Signature <i>Karen Haines</i>	