

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005307 (2)**

1. Corporation Name

HUNTSMAN CORPORATION



Principal Place of Business

Mailing Address

3040 POST OAK BLVD
HOUSTON TX 77056

3040 POST OAK BLVD
HOUSTON TX 77056

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

3. Date Incorporated or Qualified 10/31/1995	3a. Date of Last Report
4. FEI Number 58-1594518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if any (add). (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	CCEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTSMAN, JON M	1.2 NAME	Huntsman, Jon M.
STREET ADDRESS	500 HUNTSMAN WAY	1.3 STREET ADDRESS	500 Huntsman Way
CITY-ST-ZIP	SALT LAKE CITY UT 84108	1.4 CITY-ST-ZIP	Salt Lake City, Utah 84108
TITLE	PCOO	2.1 TITLE	PCOO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTSMAN, PETER R	2.2 NAME	Huntsman, Peter R.
STREET ADDRESS	3040 POST OAK BLVD.	2.3 STREET ADDRESS	500 Huntsman Way
CITY-ST-ZIP	HOUSTON TX 77056	2.4 CITY-ST-ZIP	Salt Lake City, Utah 84108
TITLE	VCFO	3.1 TITLE	VCFO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, RICHARD P	3.2 NAME	Durham, Richard P.
STREET ADDRESS	500 HUNTSMAN WAY	3.3 STREET ADDRESS	500 Huntsman Way
CITY-ST-ZIP	SALT LAKE CITY UT 84108	3.4 CITY-ST-ZIP	Salt Lake City, Utah 84108
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTSMAN, JON M JR	4.2 NAME	
STREET ADDRESS	500 HUNTSMAN WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT 84108	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, C. T JR	5.2 NAME	
STREET ADDRESS	3040 POST OAK BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77056	5.4 CITY-ST-ZIP	
TITLE	VCLO	6.1 TITLE	VCLO/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENCE, ROBERT B SR	6.2 NAME	Lence, Robert B.
STREET ADDRESS	500 HUNSTMAN WAY	6.3 STREET ADDRESS	500 Huntsman Way
CITY-ST-ZIP	SALT LAKE CITY UT 84108	6.4 CITY-ST-ZIP	Salt Lake City, Utah 84108

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/24/96** DAYTIME PHONE: **(801) 532-5200**

CR2E034 (12/95)