

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005307 (2)
 1. Corporation Name
HUNTSMAN PETROCHEMICAL CORPORATION



Principal Place of Business 3040 POST OAK BLVD HOUSTON TX 77056	Mailing Address 3040 POST OAK BLVD HOUSTON TX 77056-6500
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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. Zip	25. Country
29. Zip	30. Country

3. Date Incorporated or Qualified 10/31/1995	3a. Date of Last Report 05/01/1996
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

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTSMAN JOHN N.	1.2 NAME	
STREET ADDRESS	500 HUNTSMAN WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	1.4 CITY-ST-ZIP	
TITLE	PCOO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTSMAN, PETER R	2.2 NAME	
STREET ADDRESS	500 HUNTSMAN WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	2.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, RICHARD P.	3.2 NAME	
STREET ADDRESS	500 HUNTSMAN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, C. T JR	5.2 NAME	ESPLIN, J. KIMO
STREET ADDRESS	3040 POST OAK BLVD	5.3 STREET ADDRESS	500 HUNTSMAN WAY
CITY-ST-ZIP	HOUSTON TX 77056	5.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84108
TITLE	VCLO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENCE, ROBERT B SR	6.2 NAME	
STREET ADDRESS	500 HUNTSMAN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT 84108	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert B. Lence* **ROBERT B. LENCE** 4/23/97 (801) 532-5200

CR2E034 (9/96)