

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 500 Huntsman Way Suite, Apt. #, etc.		2a. Mailing Address 26 500 Huntsman Way Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/31/1995	
22 City & State 23 Salt Lake City, Utah		27 City & State 28 Salt Lake City, Utah		4. FEI Number 58-1594518 Applied For Not Applicable	
24 Zip 84108		25 Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 84108		30 Country U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	<input type="checkbox"/> DELETE	1.1 TITLE	Chairman and C.E.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTSMAN JOHN N.		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		1.4 CITY-ST-ZIP	Salt Lake City, Utah 84108	
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 checked="" type="checkbox"/> DELETE	3.1 TITLE	Sr. Vice Pres. & C.F.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURHAM, RICHARD P.		3.2 NAME	Esplin, J. Kimo	
STREET ADDRESS	500 HUNTSMAN WAY		3.3 STREET ADDRESS	500 Huntsman Way	
CITY-ST-ZIP	SALT LAKE CITY UT		3.4 CITY-ST-ZIP	Salt Lake City, Utah 84108	
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	Vice Pres. & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMO, ESPLIN J.		5.2 NAME	Petersen, Martin F.	
STREET ADDRESS	500 HUNTSMAN WAY		5.3 STREET ADDRESS	500 Huntsman Way	
CITY-ST-ZIP	SALT LAKE CITY UT		5.4 CITY-ST-ZIP	Salt Lake City, Utah 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 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.

CR2E034 (10/97)

SIGNATURE *R. B. Lence*