

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

FILED
May 05 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 # F95000003104 (5)
 1. Corporation Name
HUNTSMAN POLYPROPYLENE CORPORATION



Principal Place of Business 500 HUNTSMAN WAY SALT LAKE CITY UT 84108 US	Mailing Address 500 HUNTSMAN WAY SALT LAKE CITY UT 84108-1235 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/27/1995	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 87-0496688	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	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. City	
84. State	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	HUNTSMAN, JON M	
STREET ADDRESS	500 HUNTSMAN WAY	
CITY-STATE-ZIP	SALT LAKE CITY UT	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WOOD, THOMAS H.	
STREET ADDRESS	5100 BAINBRIDGE BLVD	
CITY-STATE-ZIP	CHESAPEAKE VA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LENCE, ROBERT B	
STREET ADDRESS	500 HUNTSMAN WAY	
CITY-STATE-ZIP	SALT LAKE CITY UT	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DURHAM, RICHARD P	
STREET ADDRESS	500 HUNTSMAN WAY	
CITY-STATE-ZIP	SALT LAKE CITY UT	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HUNTSMAN, PETER R	
STREET ADDRESS	500 HUNTSMAN WAY	
CITY-STATE-ZIP	SALT LAKE CITY UT	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PLANT, RANDALL A	
STREET ADDRESS	500 HUNTSMAN WAY	
CITY-STATE-ZIP	SALT LAKE CITY UT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 included 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** April 24, 1997 (801) 532-5200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)