

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 FEB 28 PM 3:43

**DOCUMENT # P36763 (1)**

1. Corporation Name  
**NOVACOR CHEMICALS INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**690 MECHANIC STREET LEOMINSTER MA 01453**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/20/1991** 3a. Date of Last Report **03/16/1994**

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.

4. FEI Number **36-3203832** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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

Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS CONT'D ON

13. SCHEDULE "A" ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>ZOLTAN, DORKO J</b>
STREET ADDRESS	<b>690 MECHANIC ST</b>
CITY-ST-ZIP	<b>LEOMINSTER MA</b>
TITLE	<b>S</b>
NAME	<b>WENSKY, ARNOLD H</b>
STREET ADDRESS	<b>690 MECHANIC ST</b>
CITY-ST-ZIP	<b>LEOMINSTER MA</b>
TITLE	<b>TD</b>
NAME	<b>O'REILLY, J. PATRICK</b>
STREET ADDRESS	<b>690 MECHANIC ST.</b>
CITY-ST-ZIP	<b>LEOMINSTER MA</b>
TITLE	<b>D</b>
NAME	<b>MUSTOE, JACK S.</b>
STREET ADDRESS	<b>31 ST FL 801-7 AVE SW</b>
CITY-ST-ZIP	<b>CALGARY AB</b>
TITLE	<b>AS</b>
NAME	<b>CARPENTER, DAVID A.</b>
STREET ADDRESS	<b>690 MECHANIC ST.</b>
CITY-ST-ZIP	<b>LEOMINSTER MA</b>
TITLE	<b>V</b>
NAME	<b>LIPTON, JERRY M</b>
STREET ADDRESS	<b>36TH FL, 801-7TH AVE SW</b>
CITY-ST-ZIP	<b>CALGARY AL</b>

1. TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	<b>CLARKE, DAVID F.</b>
13. STREET ADDRESS	<b>690 Mechanic Street</b>
14. CITY-ST-ZIP	<b>Leominster, MA 01453</b>
2.1. TITLE	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME	<b>WENSKY, ARNOLD H.</b>
2.3. STREET ADDRESS	<b>690 Mechanic Street</b>
2.4. CITY-ST-ZIP	<b>Leominster, MA 01453</b>
3.1. TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2. NAME	<b>BOIVIN, DANIEL W.</b>
3.3. STREET ADDRESS	<b>645 - 7 Avenue S.W.</b>
3.4. CITY-ST-ZIP	<b>Calgary, Alberta T2P 4G8</b>
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY-ST-ZIP	
5.1. TITLE	<b>DAS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2. NAME	<b>CARPENTER, DAVID A.</b>
5.3. STREET ADDRESS	<b>690 Mechanic Street</b>
5.4. CITY-ST-ZIP	<b>Leominster, MA 01453</b>
6.1. TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2. NAME	<b>BRYANT, PAUL</b>
6.3. STREET ADDRESS	<b>Suite 375 South, 16800 Greenspoint Park</b>
6.4. CITY-ST-ZIP	<b>Houston, Texas 77060</b>

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 checked, or in an attachment with an address.

SIGNATURE: **DAVID A. CARPENTER** January 16/95  
Assistant Secretary & Director 508-537-1111

**SCHEDULE A**  
**NOVACOR CHEMICALS INC.**

**13. CONTINUED**

<b>TITLE</b>	<b>SURNAME</b>	<b>FIRST NAME</b>	<b>ADDRESS</b>
DT	MACARTHUR	CARL R.	690 Mechanic Street Leominster, MA 01453
D	McCONAGHY	DENNIS J.	19 Fl., 645-7th Ave. SW Calgary, Alta. T2P 4G8
D	OLSON	BRIAN F.	36 Fl., 801-7th Ave. SW Calgary, Alta. T2P 2N6
D	POOLE	A. TERENCE	36 Fl., 801-7th Ave. SW Calgary, Alta. T2P 2N6
DV	TURNER	BRIAN M.	2550 Busha Highway Marysville, Mich. 48040