

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

102

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P36763 (1)  
1. Corporation Name

NOVA CHEMICALS INC.

Principal Place of Business Mailing Address  
690 MECHANIC ST. SAME  
LEOMINSTER, MA.  
01453

3. Date Incorporated or Qualified 12/20/1991 3a. Date of Last Report 02/95  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

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, FLORIDA 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS CONT'D ON SCHEDULE A		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, DAVID F.	1.2 NAME	
STREET ADDRESS	690 MECHANIC ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEOMINSTER, MA. 01453	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENSKY, ARNOLD H.	2.2 NAME	
STREET ADDRESS	690 MECHANIC ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEOMINSTER, MA. 01453	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOIVIN, DANIEL W.	3.2 NAME	
STREET ADDRESS	645 - 7 AVENUE S.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALGARY, ALBERTA T2P 4G8	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSTOE, JACK S.	4.2 NAME	
STREET ADDRESS	801 - 7 AVENUE S.W.	4.3 STREET ADDRESS	600001792938 -04/24/96--01066--010 ***200.00
CITY-ST-ZIP	CALGARY, ALBERTA T2P 4G8	4.4 CITY-ST-ZIP	
TITLE	DAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, DAVID A.	5.2 NAME	
STREET ADDRESS	690 MECHANIC ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEOMINSTER, MA. 01453	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, PAUL	6.2 NAME	DV BRYANT, PAUL
STREET ADDRESS	Suite 375 SOUTH, 16800 GREENSPPOINT	6.3 STREET ADDRESS	690 MECHANIC ST.
CITY-ST-ZIP	HOUSTON, TEXAS 77060 PARK	6.4 CITY-ST-ZIP	LEOMINSTER, MA. 01453

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 8, 1996

(508)537-1111

Date

Daytime Phone #

CR2E034 (12/95)

4-24-96  
JR

**SCHEDULE A**

**NOVA CHEMICALS INC.**

**13. CONTINUED**

<b><u>TITLE</u></b>	<b><u>SURNAME</u></b>	<b><u>FIRST NAME &amp; INITIAL</u></b>	<b><u>ADDRESS</u></b>
D	McCONAGHY	DENNIS J.	23 FL., 645 - 7 AVE. S.W. CALGARY, ALTA T2P 4G8
D	POOLE	A. TERENCE	36 FL., 801 - 7 AVE S.W. CALGARY, ALTA. T2P 2N6
DAS	BOULIER	PAUL	690 MECHANIC ST. LEOMINSTER, MA. 01453
D	LEE	MICHAEL F.	23 FL., 645 - 7 AVE. S.W. CALGARY, ALTA. T2P 4G8
DT	UMLAH	JOHN R.	690 MECHANIC ST. LEOMINSTER, MA. 01453
V	KUZIAK	JOHN	11 FL., 645 - 7 AVE. S.W. CALGARY, ALTA. T2P 4G8
AS	SALVADOR	RICHARD J.	690 MECHANIC ST. LEOMINSTER, MA. 01453