

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

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P36763 (1)**  
 1. Corporation Name  
**NOVA CHEMICALS INC.**



Principal Place of Business <b>690 MECHANIC STREET LEOMINSTER MA 01453</b>	Mailing Address <b>690 MECHANIC STREET LEOMINSTER MA 01453-4402</b>
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3. Date Incorporated or Qualified <b>12/20/1991</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>36-3203832</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business				2a. Mailing Address			
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.		
22	City & State			27	City & State		
23	City & State			28	City & State		
24	Zip	Country	25	29	Zip	Country	30

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	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 <b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, DAVID F	1.2 NAME	
STREET ADDRESS	690 MECHANIC ST	1.3 STREET ADDRESS	200, 2000 Cliffmine Road
CITY-ST-ZIP	LEOMINSTER MA	1.4 CITY-ST-ZIP	Pittsburgh, PA 15275
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	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOMN, DANIEL W	3.2 NAME	
STREET ADDRESS	645- 7TH AVENUE S.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALGARY AL	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	31 ST FL,801-7 AVE SW	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALGARY, AB	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	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, PAUL	6.2 NAME	
STREET ADDRESS	690 MECHANIC ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEOMINSTER MA 01453	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: **DAVID A. CARPENTER, Asst. Sec. & Director** Date: **1/20/97** Daytime Phone #: **508-537-1111**

CR2E034 (9/96)

**SCHEDULE A**

**NOVA CHEMICALS INC.**

**13. CONTINUED**

<b>TITLE</b>	<b>SURNAME</b>	<b>FIRST NAME &amp; INITIAL</b>	<b>ADDRESS</b>
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
D	READ	CHRIS A.	23 FL., 645 - 7 AVE. S.W. CALGARY, ALBERTA T2P 4G8
DV	GREENE	WILLIAM G.	400 FRANKFORT ROAD MANACA, PENNSYLVANIA 15061