

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

FILED

**Feb 03 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 # P36763 (1)

1. Corporation Name
NOVA CHEMICALS INC.

Principal Place of Business 690 MECHANIC STREET LEOMINSTER MA 01453	Mailing Address 690 MECHANIC STREET LEOMINSTER MA 01453
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 400 Frankfort Road Suite, Apt. #, etc.	2a. Mailing Address 26 400 Frankfort Road Suite, Apt. #, etc.
22 City & State 23 Monaca, PA	27 City & State 28 Monaca, PA
24 15061 25 USA	29 15061 30 USA

3. Date incorporated or Qualified 12/20/1991	
4. FEI Number 36-3203832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 type="checkbox"/> Yes <input checked="" 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 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		13. 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	200, 2000 CLIFFMINE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURG PA	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENSKY, ARNOLD H	2.2 NAME	
STREET ADDRESS	690 MECHANIC ST	2.3 STREET ADDRESS	2000 cliff mine Road
CITY-ST-ZIP	LEOMINSTER MA	2.4 CITY-ST-ZIP	Pittsburgh, PA 15275
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOVIN, 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 checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSTOE, JACK S.	4.2 NAME	D/T Umlah, John R.
STREET ADDRESS	31 ST FL, 801-7 AVE SW	4.3 STREET ADDRESS	400 Frankfort Road
CITY-ST-ZIP	CALGARY, AB	4.4 CITY-ST-ZIP	Monaca, PA 15061
TITLE	DAS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, DAVID A.	5.2 NAME	AS Deary Ernest V.
STREET ADDRESS	690 MECHANIC ST.	5.3 STREET ADDRESS	400 Frankfort Road
CITY-ST-ZIP	LEOMINSTER MA	5.4 CITY-ST-ZIP	Monaca, PA 15061
TITLE	DV <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYANT, PAUL	6.2 NAME	DV Greene William G.
STREET ADDRESS	690 MECHANIC ST.	6.3 STREET ADDRESS	400 Frankfort Road
CITY-ST-ZIP	LEOMINSTER MA 01453	6.4 CITY-ST-ZIP	Monaca, PA 15061

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.

CP2E034 (10/97)