

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90057 025 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P36763**

1. Corporation Name  
**NOVA CHEMICALS INC.**



Principal Place of Business 400 FRANKFORT ROAD MONACA PA 15061 US	Mailing Address 400 FRANKFORT ROAD MONACA PA 15061 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/20/1991</b>
4. FEI Number <b>36-3203832</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 checked="" type="checkbox"/> DELETE
NAME CLARKE, DAVID F	
STREET ADDRESS 200, 2000 CLIFFMINE ROAD	
CITY-ST-ZIP PITTSBURG PA	
TITLE DS	<input type="checkbox"/> DELETE
NAME WENSKY, ARNOLD H	
STREET ADDRESS 2000 CLIFF MINE ROAD	
CITY-ST-ZIP PITTSBURGH PA 15275	
TITLE D	<input type="checkbox"/> DELETE
NAME BOVIN, DANIEL W	
STREET ADDRESS 645- 7TH AVENUE S.W.	
CITY-ST-ZIP CALGARY AL	
TITLE DT	<input type="checkbox"/> DELETE
NAME UMLAH, JOHN R	
STREET ADDRESS 40 FRANKFORT ROAD	
CITY-ST-ZIP MONACA PA 15061	
TITLE AS	<input type="checkbox"/> DELETE
NAME DEAN, ERNERST V	
STREET ADDRESS 400 FRANKFORT ROAD	
CITY-ST-ZIP MONACA PA 15061	
TITLE DV	<input type="checkbox"/> DELETE
NAME GREENE, WILLIAM G	
STREET ADDRESS 400 FRANKFORT ROAD	
CITY-ST-ZIP MONACA PA 15061	

1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Wes W. Lucas	
1.3 STREET ADDRESS 400 Frankfort Road	
1.4 CITY-ST-ZIP Monaca, GA 15061	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date \_\_\_\_\_ Defame Phone # **(724) 770-2367**

CR2E034 (1/1/98)