

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36763

1. Entity Name
NOVA CHEMICALS INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90079 048 ***150.00

Principal Place of Business

Mailing Address

400 FRANKFORT ROAD
MONACA PA 15061
US

400 FRANKFORT ROAD
MONACA PA 15061
US

A0009003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1550 CORAOPOLIS HEIGHTS RD.
Suite, Apt. #, etc.

1550 CORAOPOLIS HEIGHTS RD.
Suite, Apt. #, etc.

City & State

MOON TOWNSHIP, PA

City & State

MOON TOWNSHIP, PA

4. FEI Number

36-3203832

Applied For

Not Applicable

Zip

15108

Country

USA

Zip

15108

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WOODSTRA, BENTLEY
STREET ADDRESS 1550 CORAOPOLIS HEIGHTS RD
CITY-ST-ZIP MOON TOWNSHIP PA 15108 ☒ Delete

TITLE PRESIDENT
NAME LIPTON, JEFFREY M.
STREET ADDRESS 1550 CORAOPOLIS HEIGHTS RD.
CITY-ST-ZIP MOON TOWNSHIP, PA 15108 ☒ Change ☐ Addition

TITLE D
NAME BOVIN, DANIEL W
STREET ADDRESS 645- 7TH AVENUE S.W.
CITY-ST-ZIP CALGARY AL ☒ Delete

TITLE VICE PRESIDENT
NAME BONDAR, LORI J.
STREET ADDRESS 1550 CORAOPOLIS HEIGHTS RD.
CITY-ST-ZIP MOON TOWNSHIP, PA 15108 ☒ Change ☐ Addition

TITLE DT
NAME UMLAH, JOHN R
STREET ADDRESS 1550 CORAOPOLIS HEIGHTS RD
CITY-ST-ZIP MOON TOWNSHIP PA 15108 ☒ Delete

TITLE VICE PRESIDENT
NAME BOULIER, PAUL
STREET ADDRESS 1550 CORAOPOLIS HEIGHTS RD.
CITY-ST-ZIP MOON TOWNSHIP, PA 15108 ☒ Change ☐ Addition

TITLE D
NAME DEAN, ERNEST V
STREET ADDRESS 1550 CORAOPOLIS HEIGHTS RD
CITY-ST-ZIP MOON TOWNSHIP PA 15108 ☐ Delete

TITLE SECRETARY
NAME DEAN, ERNEST V.
STREET ADDRESS 1550 CORAOPOLIS HEIGHTS RD
CITY-ST-ZIP MOON TOWNSHIP, PA 15108 ☒ Change ☐ Addition

TITLE DV
NAME GREENE, WILLIAM G
STREET ADDRESS 1550 CORAOPOLIS HEIGHTS RD
CITY-ST-ZIP MOON TOWNSHIP PA 15108 ☐ Delete

TITLE VICE PRESIDENT
NAME GREENE, WILLIAM G.
STREET ADDRESS 1550 CORAOPOLIS HEIGHTS RD.
CITY-ST-ZIP MOON TOWNSHIP, PA 15108 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 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

1/5/01

Date

Daytime Phone #

CR2E034 (10/00)