


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90172 043 \*\*\*150.00

DOCUMENT # F04000001298					
1. Entity Name NORSK HYDRO NORTH AMERICA, INC.					
Principal Place of Business 801 INTERNATIONAL DRIVE STE 200 LINTHICUM HEIGHTS, MD 21090			Mailing Address 801 INTERNATIONAL DRIVE STE 200 LINTHICUM HEIGHTS, MD 21090		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0440341	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete		TITLE	c/d
NAME	CARTER, MARTIN			NAME	Conley, Terrance
STREET ADDRESS	801 INTERNATIONAL DR STE 200			STREET ADDRESS	Drammensveien 264
CITY-ST-ZIP	LINTHICUM HEIGHTS, MD 21090			CITY-S1-ZIP	N-0240 Oslo NORWAY
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	D
NAME	WATERS, NICK			NAME	Lexow, Finn
STREET ADDRESS	801 INTERNATIONAL DRIVE STE 200			STREET ADDRESS	Drammensveien 264
CITY-ST-ZIP	LINTHICUM HEIGHTS, MD 21090			CITY-S1-ZIP	N-0240 Oslo NORWAY
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	V
NAME	SMYTH, GLENN			NAME	Walton, Victoria
STREET ADDRESS	801 INTERNATIONAL DR STE 200			STREET ADDRESS	801 International Drive, Suite 200
CITY-ST-ZIP	LINTHICUM HEIGHTS, MD 21090			CITY-S1-ZIP	Linthicum Heights, MD 21090
TITLE	D	<input type="checkbox"/> Delete		TITLE	V
NAME	BJORESVIK, TORE			NAME	Marmer, James
STREET ADDRESS	C/O NORSK HYDRO ASA DRAMMENSVEIEN 164			STREET ADDRESS	801 International Drive, Suite 200
CITY-ST-ZIP	N-0240 OSLO, NORWAY, vaekero			CITY-S1-ZIP	Linthicum Heights, MD 21090
TITLE	T	<input type="checkbox"/> Delete		TITLE	S
NAME	WINFIELD, FRANKIE			NAME	Henrich, Caroline
STREET ADDRESS	801 INTERNATIONAL DR STE 200			STREET ADDRESS	801 International Drive, Suite 200
CITY-ST-ZIP	LINTHICUM HEIGHTS, MD 21090			CITY-S1-ZIP	Linthicum Heights, MD 21090
TITLE	V	<input type="checkbox"/> Delete		TITLE	D
NAME	BROWN, LYNN			NAME	Bjorsvik, Tore
STREET ADDRESS	801 INTERNATIONAL DR STE 200			STREET ADDRESS	Drammensveien 264
CITY-ST-ZIP	LINTHICUM HEIGHTS, MD 21090			CITY-S1-ZIP	N-0240 Oslo NORWAY
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Caroline Henrich</i>		Date: 4/18/06		Daytime Phone #: 410-487-4500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					