


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90018 006 ***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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0440341	
Zip	Country	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S <input type="checkbox"/> Delete	TITLE	DC <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENRICH, CAROLINE	NAME	Terrance Conley		
STREET ADDRESS	801 INTERNATIONAL DR STE 200	STREET ADDRESS	Drammensveien 264, Bldg. F., Rm 163		
CITY-ST-ZIP	LINTHICUM HEIGHTS, MD 21090	CITY-ST-ZIP	Oslo, Norway N-024		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEXOW, FINN	NAME	Svrenn Sundgot		
STREET ADDRESS	DRAMMENSVEIEN 264	STREET ADDRESS	Drammensveien 264, Bldg. F., Rm 268		
CITY-ST-ZIP	OSLO, NORWAY, N-024	CITY-ST-ZIP	Oslo, Norway N-024		
TITLE	VAS <input checked="" type="checkbox"/> Delete	TITLE	AT <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALTON, VICTORIA	NAME	Michael Brennan		
STREET ADDRESS	801 INTERNATIONAL DR SUITE 200	STREET ADDRESS	801 International Drive, Suite 200		
CITY-ST-ZIP	LINTHICUM HEIGHTS, MD 21090	CITY-ST-ZIP	Linthicum Heights, MD 21090		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BJORSVIK, TORE	NAME			
STREET ADDRESS	C/O NORSK HYDRO ASA DRAMMENSVEIEN 164	STREET ADDRESS			
CITY-ST-ZIP	N-0240 OSLO, NORWAY, vaekero	CITY-ST-ZIP			
TITLE	TV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WINFIELD, FRANKIE	NAME			
STREET ADDRESS	801 INTERNATIONAL DR STE 200	STREET ADDRESS			
CITY-ST-ZIP	LINTHICUM HEIGHTS, MD 21090	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, LYNN	NAME			
STREET ADDRESS	801 INTERNATIONAL DRIVE	STREET ADDRESS			
CITY-ST-ZIP	LINTHICUM HEIGHTS, MD 21090	CITY-ST-ZIP			
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: <u>Caroline Henrich, Secretary</u>			Date: <u>(410) 487-4500</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

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