


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90040 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000628
 1. Corporation Name
NORSK HYDRO USA, INC.



Principal Place of Business 100 NORTH TAMPA ST. SUITE 3350 TAMPA FL 33602	Mailing Address 100 NORTH TAMPA ST. SUITE 3350 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/02/1998

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 13-1601439	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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROSTRUP, JORGEN C	
STREET ADDRESS	250 E 54TH STREET, APT 30-D	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUBNER, KAREN	
STREET ADDRESS	12022 NICKLAUS CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOHK, PETER	
STREET ADDRESS	833 SEDDON CORE WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERGEM, TORSTEIN	
STREET ADDRESS	JERPEFARET 10	
CITY-ST-ZIP	0393 OSLO NORWAY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SORBOTTEN, AUDUN	
STREET ADDRESS	OTTO VALSTADSV EI 18 B	
CITY-ST-ZIP	1364 HVALSTAD NORWAY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAFSETT, IVAR	
STREET ADDRESS	CHEMIN DE LA CURE 57	
CITY-ST-ZIP	CH-1008 JOUSTENS-MEZERY SWIT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Odd Gullberg	
1.3 STREET ADDRESS	100 N. Tampa St., Suite 3350	
1.4 CITY-ST-ZIP	Tampa, FL 33602	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ken Wallace	
2.3 STREET ADDRESS	100 N. Tampa, St. Suite 3350	
2.4 CITY-ST-ZIP	Tampa, FL 33602	
3.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Eivind Reiten	
3.3 STREET ADDRESS	Bygdoy Alle 2	
3.4 CITY-ST-ZIP	Oslo, Norway	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Carnes	
4.3 STREET ADDRESS	BygJoy Alle 2	
4.4 CITY-ST-ZIP	Oslo, Norway	
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: *Katherine Harris* **4/29/99** **83-222-5700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)