

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005339

1. Entity Name
KVAERNER CHEMETICS (U.S.) INC.



Principal Place of Business
3600 BRIARPARK DRIVE
HOUSTON, TX 77042

Mailing Address
3600 BRIARPARK DRIVE
HOUSTON, TX 77042



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-0966912	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fes Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TABAR, RAYMOND 12657 ALCOSTA BLVD., SUITE 200 SAN RAMON, CA 94583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EAYRE, ALYSON 440 ROUTE 22 EAST BRIDGEWATER, NJ 08807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLESCH, JOHN 440 ROUTE 22 EAST BRIDGEWATER, NJ 08807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/06-80034-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06 9082522898
Date Daytime Phone #