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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000739 (4)

1. Corporation Name
SUPERFOS CONSTRUCTION (U.S.), INC.

Principal Place of Business

381 TWITCHELL RD
DOTHAN AL 36303
US

Mailing Address

PO BOX 8065
DOTHAN AL 36304-0065
US



2. Principal Place of Business

21 2999 Ross Clark Circle
Suite Apt #, etc.

22 Suite 500
City & State

23 Dothan, AL
Zip

24 36301 Country U.S.A.

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
12/17/1992

3a. Date of Last Report
03/12/1996

4. FEI Number

54-1581765

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE 105
TALLAHASSEE FL 32301

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

Signature of the printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--------|
| TITLE | D | DELETE |
| NAME | GORMSEN, HANS | |
| STREET ADDRESS | C/O FRYDENLUNDSVEJ 30, P.O. BOX 39 | |
| CITY-ST-ZIP | DK 2950 VEDBAEK DE | |
| TITLE | D | DELETE |
| NAME | TORRENCE, SAMUEL M. | |
| STREET ADDRESS | 381 TWITCHELL ROAD | |
| CITY-ST-ZIP | DOTHAN AL | |
| TITLE | DSTV | DELETE |
| NAME | PALMER, R. ALAN | |
| STREET ADDRESS | 381 TWITCHELL RD | |
| CITY-ST-ZIP | DOTHAN AL | |
| TITLE | PD | DELETE |
| NAME | OWENS, CHARLES E. | |
| STREET ADDRESS | 381 TWITCHELL ROAD | |
| CITY-ST-ZIP | DOTHAN AL FL | |
| TITLE | D | DELETE |
| NAME | HOJLAND, PETER | |
| STREET ADDRESS | PO BOX 39 N/A | |
| CITY-ST-ZIP | DK 2950 VEDBREK DE | |
| TITLE | D | DELETE |
| NAME | MOLLER, PER | |
| STREET ADDRESS | PO BOX 39 N/A | |
| CITY-ST-ZIP | DK 2950 VEDBAEK DE | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------|----------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | Change | Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | Change | Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | Change | Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | Change | Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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.

SIGNATURE: *R. Alan Palmer* R. Alan Palmer 2/28/97 (334) 294-2631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year/Time

CR2E034 (9/96)