

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000852 (5)

1. Corporation Name
NORSK HYDRO USA INC.

Principal Place of Business

800 THIRD AVENUE
NEW YORK NY 10022-7671

Mailing Address

800 THIRD AVENUE
NEW YORK NY 10022-7604

3. Date Incorporated or Qualified

12/22/1992

3a. Date of Last Report

01/25/1996

4. FEI Number

13-1601439

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TRETVOOLL, BJORN H	
STREET ADDRESS	800 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 71	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HAUGENES, GISELA	
STREET ADDRESS	800 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 71	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HOLTE, JOHAN B	
STREET ADDRESS	800 THIRD AVE	
CITY-ST-ZIP	NEWYORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RINGNES, ANDERS	
STREET ADDRESS	800 THIRD AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KOGSTAD, ROLF E	
STREET ADDRESS	800 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 71	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGEM, TORSTEIN	
STREET ADDRESS	800 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Torstein Bergem	
1.3 STREET ADDRESS	800 Third Ave.	
1.4 CITY-ST-ZIP	New York, NY 10022	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jorgen C. Arentz Rostrup	
2.3 STREET ADDRESS	800 Third Ave.	
2.4 CITY-ST-ZIP	New York, NY 10022	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ivar Hafseth	
3.3 STREET ADDRESS	800 Third Ave.	
3.4 CITY-ST-ZIP	New York, NY 10022	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Audun Sorbotten	
4.3 STREET ADDRESS	800 Third Ave.	
4.4 CITY-ST-ZIP	New York, NY 10022	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David Carnes	
5.3 STREET ADDRESS	800 Third Ave.	
5.4 CITY-ST-ZIP	New York, NY 10022	
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 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 amendment with an address.

SIGNATURE:

SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)