

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000628

1. Entity Name

NORSK HYDRO AMERICAS, 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-1601439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GULLBERG, ODD 100 N. TAMPA ST. - STE 3350 TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HUBNER, KAREN 12022 NICKLAUS CIRCLE TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOHK, PETER 933 SEDDON CORE WAY TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REITEN, EIVIND BYGDOY ALLE 2 N-0240 OSLO, NORWAY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SORBOTTEN, AUDUN OTTO VALSTADSVEI 18 B 1364 HVALSTAD NORWAY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAIMONDI, J C ROUTE DE CHAVANNES 31 CH-1007 LAUSANNE, SWITZERLAN	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KEN WALLACE 100 N. TAMPA ST., STE 3350 TAMPA, FL. 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JON-HAROLD NILSEN DRAMMENSVEIEN 264 POSTBOKS 200 N-1321 STABEKK, NORWAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANIEL CLAUW DRAMMENSVEIEN 264 POSTBOKS 200 N-1321 STABEKK, NORWAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRULS GAUTESEN DRAMMENSVEIEN 264 POSTBOKS 200 N-1321 STABEKK, NORWAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 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

Ken Wallace

Date

7/06/01

Daytime Phone #

813-222-3880

FILED
Jul 10, 2001 8:00 am
Secretary of State

06-26-2001 90005 043 ***550.00



DO NOT WRITE IN THIS SPACE