

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000000384**

1. Entity Name

**HYDRO ALUMINUM HYCOT USA, INC.****FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90090 050 \*\*\*150.00

00000001



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
100 GUS HIPP BLVD ROCKLEDGE FL 32955-4701	100 GUS HIPP BLVD ROCKLEDGE FL 32955-4701

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	59-3505414	Applied For
		Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HERRON, DENNIS
STREET ADDRESS	100 GUS HIPP BLVD
CITY-ST-ZIP	ROCKLEDGE FL 32955-4701
TITLE	ST
NAME	DOUBERLY, LISA
STREET ADDRESS	100 GUS HIPP BLVD
CITY-ST-ZIP	ROCKLEDGE FL 32955-4701
TITLE	AS
NAME	HUBNER, KAREN
STREET ADDRESS	100 N. TAMPA ST., STE 3200
CITY-ST-ZIP	TAMPA FL 33602
TITLE	AT
NAME	LOHK, PETER
STREET ADDRESS	100 N. TAMPA ST., STE 3200
CITY-ST-ZIP	TAMPA FL 33602
TITLE	D
NAME	KIEL, PER
STREET ADDRESS	OSLO
CITY-ST-ZIP	NORWAY
TITLE	D
NAME	ANDERSSON, RUNE
STREET ADDRESS	OSLO
CITY-ST-ZIP	NORWAY

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD
NAME	Brian Hibbard
STREET ADDRESS	39209 West Six Mile Rd., Suite 200
CITY-ST-ZIP	Livonia, MI. 48152
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	AS/D
NAME	Hubner, Karen
STREET ADDRESS	100 N. Tampa St., Ste 3200
CITY-ST-ZIP	Tampa, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Lisa Douberty, Treasurer 4/17/00 321-636-8147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)