

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000384

1. Entity Name

HYDRO ALUMINUM HYCOT USA, INC.

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

99 George J. King Blvd.

Suite, Apt. #, etc.

3. Mailing Address

99 George J. King Blvd.

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

City & State

Cape Canaveral, FL

Zip

32920

Country

USA

Zip

32920

Country

USA

4. FEI Number

59-3505414

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

Tony Cueto, President

1/18/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME HIBBARD, BRIAN
STREET ADDRESS 39209 WEST SIX MILE RD STE 200
CITY-ST-ZIP LIVONIA MI 48152

TITLE PD ☒ Change ☐ Addition
NAME Tony Cueto
STREET ADDRESS 99 George J. King Blvd.
CITY-ST-ZIP Cape Canaveral, FL 32920

TITLE ST ☒ Delete
NAME DOUBERLY, LISA
STREET ADDRESS 100 GUS HIPP BLVD
CITY-ST-ZIP ROCKLEDGE FL 32955-4701

TITLE ST ☒ Change ☐ Addition
NAME James Laboda
STREET ADDRESS 39209 West Six Mile Rd, Suite 200
CITY-ST-ZIP Livonia, MI 48152

TITLE ASD ☐ Delete
NAME HUBNER, KAREN
STREET ADDRESS 100 N TAMPA ST STE 3200
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☐ Delete
NAME LOHK, PETER
STREET ADDRESS 100 N. TAMPA ST., STE 3200
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME KIEL, PER
STREET ADDRESS OSLO
CITY-ST-ZIP NORWAY

TITLE C ☒ Change ☐ Addition
NAME Laurids Lauridsen
STREET ADDRESS Dravedej 4
CITY-ST-ZIP Logumkloster, Denmark DK-6240

TITLE D ☒ Delete
NAME ANDERSSON, RUNE
STREET ADDRESS OSLO
CITY-ST-ZIP NORWAY

TITLE ☐ Change ☐ Addition
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:

Tony Cueto, President

1/18/2001

(321) 784-4931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)