


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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90054 025 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P02389**  
 1. Corporation Name  
**DYNO NOBEL INC.**

Principal Place of Business 11TH FLOOR CROSSROADS TOWER SALT LAKE CITY UT 84144	Mailing Address 11TH FLOOR CROSSROADS TOWER SALT LAKE CITY UT 84144
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified <b>06/12/1984</b>	4. FEI Number <b>87-0409179</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	BINGHAM, ROBERT A.	
STREET ADDRESS	1936 TERRA VISTA WAY	
CITY-ST-ZIP	SANDY UT	
TITLE	CO	<input type="checkbox"/> DELETE
NAME	ANDERSON, JAY M	
STREET ADDRESS	3565 HILLSIDE LANE	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, DOUGLAS J	
STREET ADDRESS	11TH FLOOR CROSSROADS TOWER	
CITY-ST-ZIP	SALT LAKE CITY UT 84144	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLLI, KNUT O	
STREET ADDRESS	TOLLBUGATEN 22, P.O. BOX 779 SENTRUM N/A	
CITY-ST-ZIP	OSLO 1, NORWAY	
TITLE	CO	<input type="checkbox"/> DELETE
NAME	JOHANSEN, LARS E	
STREET ADDRESS	11TH FLOOR CROSSROADS TOWER	
CITY-ST-ZIP	SALT LAKE CITY UT 84144	
TITLE	1998	<input type="checkbox"/> DELETE
NAME	GALTUNG, FRODE L	
STREET ADDRESS	TOLLBUGATEN 22, P.O. BOX 779 SENTRUM N/A	
CITY-ST-ZIP	OSLO 1, NORWAY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mejdell, Dag
4.3 STREET ADDRESS	Tollbugaten 22, P.O. Box 779 Sentrum N/A
4.4 CITY-ST-ZIP	Oslo 1, Norway
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Katherine Harris* 1/13/99 (801) 364-4800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)