

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P29979

1: Entity Name

KVAERNER U.S. INC.



Principal Place of Business

440 ROUTE 22 EAST
BRIDGEWATER, NJ 08807 US

Mailing Address

PO BOX 6884
BRIDGEWATER, NJ 08807 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: BOND, PETER C
STREET ADDRESS: 12657 ALCOSTA BLVD
CITY-ST-ZIP: SAN RAMON, CA 94583

Delete

TITLE: VPD
NAME: JACHEM, WALTER A
STREET ADDRESS: 440 ROUTE 22 EAST
CITY-ST-ZIP: BRIDGEWATER, NJ 08807

Delete

TITLE: T
NAME: HEMANT, PATEL
STREET ADDRESS: 7909 PARKWOOD CIRCLE DR.
CITY-ST-ZIP: HOUSTON, TX 77036

Delete

TITLE: D
NAME: PETCHONKA, JOHN
STREET ADDRESS: 440 ROUTE 22 EAST
CITY-ST-ZIP: BRIDGEWATER, NJ 08807

Delete

TITLE: SD
NAME: JOYCE, ROBERT
STREET ADDRESS: 7909 PARKWOOD CIRCLE DR.
CITY-ST-ZIP: HOUSTON, TX 77036

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P/T/D
NAME: ANDERS MISUND
STREET ADDRESS: 7909 PARKWOOD CIRCLE DRIVE
CITY-ST-ZIP: HOUSTON, TX 77036

Change Addition

TITLE: D
NAME: ORTJAN SVANEVIK
STREET ADDRESS: 7909 PARKWOOD CIRCLE DRIVE
CITY-ST-ZIP: HOUSTON, TX 77036

Change Addition

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

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

TITLE: S
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Joyce* ROBERT JOYCE Date *April 19, 2004* Daytime Phone # *713995-2137*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 30, 2004 8:00 am
Secretary of State**

04-30-2004 90390 014 ***150.00