


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90674 038 ***150.00

DOCUMENT # F03000004077			
1. Entity Name HALDOR TOPSOE, INC.			
Principal Place of Business 17629 EL CAMINO REAL, STE. 300 HOUSTON TX 77058		Mailing Address 17629 EL CAMINO REAL, STE. 300 HOUSTON TX 77058	
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 1220 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		4. FEI Number 13-1943844	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		MOORE CR2E034 (11/03)	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPT <input type="checkbox"/> Delete	TITLE	EVP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPSOE, HALDOR	NAME	Sorensen, Niels Kegel
STREET ADDRESS	HALDOR TOPSOE A/S, NYMOLLEVEJ 55	STREET ADDRESS	17629 El Camino Real, STE 300
CITY-ST-ZIP	DK-2800 LYNGBY, DENMARK	CITY-ST-ZIP	Houston, Texas 77058
TITLE	EVP <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARLOEWEN, ALEX E.M.	NAME	Juist, David R.
STREET ADDRESS	17629 EL CAMINO REAL, STE. 300	STREET ADDRESS	17629 El Camino Real, STE 300
CITY-ST-ZIP	HOUSTON TX 77058	CITY-ST-ZIP	Houston, Texas 77058
TITLE	VP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, EDWARD R	NAME	Girola, Giorgio
STREET ADDRESS	17629 EL CAMINO REAL, STE. 300	STREET ADDRESS	Haldor Topsoe A/S, Nymollevej 55
CITY-ST-ZIP	HOUSTON TX 77058	CITY-ST-ZIP	DK-2800 Lyngby, Denmark
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYRVED, BJARNE	NAME	Montanari, Romolo
STREET ADDRESS	17629 EL CAMINO REAL, STE. 300	STREET ADDRESS	Snamprogetti SPA, V.LE Alcide de Gasperi, 16
CITY-ST-ZIP	HOUSTON TX 77058	CITY-ST-ZIP	20097 San Donato Milanese (MI), Italy
TITLE	VP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YELLIG, RAYMOND V	NAME	Topsoe, Henrik
STREET ADDRESS	17629 EL CAMINO REAL, STE. 300	STREET ADDRESS	Haldor Topsoe A/S, Nymollevej 55
CITY-ST-ZIP	HOUSTON TX 77058	CITY-ST-ZIP	DK-2800 Lyngby, Denmark
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UDENGAARD, NIELS R	NAME	McGaw, Kenneth
STREET ADDRESS	17629 EL CAMINO REAL, STE. 300	STREET ADDRESS	5847 San Felipe #850
CITY-ST-ZIP	HOUSTON TX 77058	CITY-ST-ZIP	Houston, Texas 77057

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:  **3/31/04**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Edward R. Anderson III, Vice President Administration