


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004077

1. Entity Name
 HALDOR TOPSOE, INC.



Principal Place of Business Mailing Address

17629 EL CAMINO REAL, STE. 300 17629 EL CAMINO REAL, STE. 300
 HOUSTON, TX 77058 HOUSTON, TX 77058



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1943844	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1220 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 N/A 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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT TOPSOE, HALDOR HALDOR TOPSOE A/S, NYMOLLEVEJ 55 DK-2800 LYNGBY, DENMARK,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD SORENSEN, NIELS KEGEL 17629 EL CAMINO REAL, STE. 300 HOUSTON, TX 77058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, EDWARD R 17629 EL CAMINO REAL, STE. 300 HOUSTON, TX 77058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUUST, DAVID R 17629 EL CAMINO REAL, STE. 300 HOUSTON, TX 77058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YELLIG, RAYMOND V 17629 EL CAMINO REAL, STE. 300 HOUSTON, TX 77058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIROLA, GIORGIO HALDOR TOPSOE A/S, NYMOLLEVEJ 55 LYNGBY, DENMARK, OC DK-280

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 01/21/05-80003-010 150.00

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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 any other like empowered.

Vice President Administration & Finance

SIGNATURE [Signature] Date 1/18/05 281-228-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #