

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004077

FILED
Mar 04, 2011
Secretary of State

Entity Name: HALDOR TOPSOE, INC.

Current Principal Place of Business:

17629 EL CAMINO REAL
STE. 300
HOUSTON, TX 77058

New Principal Place of Business:

Current Mailing Address:

17629 EL CAMINO REAL
STE. 300
HOUSTON, TX 77058

New Mailing Address:

FEI Number: 13-1943844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: OLSEN, ANDERS N
Address: 17629 EL CAMINO REAL, STE. 300
City-St-Zip: HOUSTON, TX 77058

Title: VP
Name: RASMUSSEN, HENRIK W
Address: 17629 EL CAMINO REAL, STE. 300
City-St-Zip: HOUSTON, TX 77058

Title: VP
Name: ANDERSON, EDWARD R III
Address: 17629 EL CAMINO REAL, STE. 300
City-St-Zip: HOUSTON, TX 77058

Title: S
Name: JUUST, DAVID R
Address: 17629 EL CAMINO REAL, STE. 300
City-St-Zip: HOUSTON, TX 77058

Title: VP
Name: YELLIG, RAYMOND V
Address: 17629 EL CAMINO REAL, STE. 300
City-St-Zip: HOUSTON, TX 77058

Title: D
Name: TOPSOE, HENRIK
Address: HALDOR TOPSOE A/S, NYMOLLEVEJ 55
City-St-Zip: LYNGBY, DENMARK, OC DK-2800

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD R. ANDERSON III

VP

03/04/2011

Electronic Signature of Signing Officer or Director

_____ Date