

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Abraham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004510 (3)**

95 JAN 24 AM 9:36

1. Corporation Name
AMERON, INC.

Principal Place of Business
**245 S. LOS ROBLES AVE.
PASADENA CA 91101**

Mailing Address
**245 S. LOS ROBLES AVE.
PASADENA CA 91101**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		08/30/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		77-0100596	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	FL	05

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLEN, JAMES S	1.2 NAME	
STREET ADDRESS	245 S. LOS ROBLES AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91101	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	Member, Board of Directors <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLLENAERE, LAWRENCE R	2.2 NAME	Lawrence R. Tollenaeer
STREET ADDRESS	245 S. LOS ROBLES AVE.	2.3 STREET ADDRESS	245 South Los Robles Avenue
CITY-ST-ZIP	PASADENA CA 91101	2.4 CITY-ST-ZIP	Pasadena, CA 91101
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, GEORGE J	3.2 NAME	
STREET ADDRESS	245 S. LOS ROBLES AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91101	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, GORDON G	4.2 NAME	
STREET ADDRESS	245 S. LOS ROBLES AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91101	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLIS, JAVIER	5.2 NAME	
STREET ADDRESS	245 S. LOS ROBLES AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91101	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	Senior Vice President/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINKAMP, ROBERT P (Please delete)	6.2 NAME	Gary Wagner
STREET ADDRESS	245 S. LOS ROBLES AVE.	6.3 STREET ADDRESS	245 South Los Robles Avenue
CITY-ST-ZIP	PASADENA CA 91101	6.4 CITY-ST-ZIP	Pasadena, CA 91101

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: _____ DATE: **1/16/95** TELEPHONE: **(818)683-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gary Wagner, Senior Vice President/CFO