

**\* FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 17 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000004510 (3)**  
1. Corporation Name  
**AMERON INTERNATIONAL CORPORATION**



Principal Place of Business <b>245 S. LOS ROBLES AVE. PASADENA CA 91101</b>	Mailing Address <b>245 S. LOS ROBLES AVE. PASADENA CA 91101-2820</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>08/30/1994</b>	3a. Date of Last Report <b>02/02/1996</b>
4. FEI Number <b>77-0100596</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>MARLEN, JAMES S</b>	
STREET ADDRESS	<b>245 S. LOS ROBLES AVE.</b>	
CITY-ST-ZIP	<b>PASADENA CA 91101</b>	
TITLE	<b>VPC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILKIE, ALLEN R.</b>	
STREET ADDRESS	<b>245 SOUTH LOS ROBLES AVENUE</b>	
CITY-ST-ZIP	<b>PASADENA CA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>FISCHER, GEORGE J</b>	
STREET ADDRESS	<b>245 S. LOS ROBLES AVE.</b>	
CITY-ST-ZIP	<b>PASADENA CA 91101</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERTSON, GORDON G</b>	
STREET ADDRESS	<b>245 S. LOS ROBLES AVE.</b>	
CITY-ST-ZIP	<b>PASADENA CA 91101</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLIS, JAVIER</b>	
STREET ADDRESS	<b>245 S. LOS ROBLES AVE.</b>	
CITY-ST-ZIP	<b>PASADENA CA 91101</b>	
TITLE	<b>VPC</b>	<input type="checkbox"/> DELETE
NAME	<b>WAGNER, GARY</b>	
STREET ADDRESS	<b>245 S. LOS ROBLES AVE</b>	
CITY-ST-ZIP	<b>PASADENA CA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Vice President</b>
2.3 STREET ADDRESS	<b>S. Daniel Stracner</b>
2.4 CITY-ST-ZIP	<b>245 South Los Robles Avenue Pasadena, CA 91101</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Vice President</b>
4.3 STREET ADDRESS	<b>Raymond E Foscante</b>
4.4 CITY-ST-ZIP	<b>245 South Los Robles Avenue Pasadena, CA 91101</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

**SIGNATURE: Gary Wagner, Senior Vice Pres, CFO**      4/10/97      (818)683-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)