


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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90146 047 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F94000004510

1. Corporation Name
AMERON INTERNATIONAL CORPORATION



| | |
|--|--|
| 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 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| | Country 30 |

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 08/30/1994 | Applied For Not Applicable |
| 4. FEI Number 77-0100596 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <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 | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 84 City | FL 85 Zip Code |

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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PDC <input type="checkbox"/> DELETE | 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 | VP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | Vice President/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STRACNER, S DANIEL | 2.2 NAME | James R. McLaughlin |
| STREET ADDRESS | 245 SOUTH LOS ROBLES AVENUE | 2.3 STREET ADDRESS | 245 South Los Robles Avenue |
| CITY-ST-ZIP | PASADENA CA | 2.4 CITY-ST-ZIP | Pasadena, CA 91101-2820 |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | Vice President/Group Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FISCHER, GEORGE J | 3.2 NAME | Thomas P. Giese |
| STREET ADDRESS | 245 S. LOS ROBLES AVE. | 3.3 STREET ADDRESS | 245 South Los Robles Avenue |
| CITY-ST-ZIP | PASADENA CA 91101 | 3.4 CITY-ST-ZIP | Pasadena, CA 91101-2820 |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | Vice President/Group Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FOSCANTE, RAYMOND E | 4.2 NAME | Gordon G. Robertson |
| STREET ADDRESS | 245 S. LOS ROBLES AVE. | 4.3 STREET ADDRESS | 245 South Los Robles Avenue |
| CITY-ST-ZIP | PASADENA CA | 4.4 CITY-ST-ZIP | Pasadena, CA 91101-2820 |
| TITLE | VS <input type="checkbox"/> DELETE | 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 | VPC <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WAGNER, GARY | 6.2 NAME | |
| STREET ADDRESS | 245 S. LOS ROBLES AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PASADENA CA | 6.4 CITY-ST-ZIP | |

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: James R. McLaughlin *James R. McLaughlin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/99

(626)683-4000

Date Daytime Phone #

CR2E034 (1/98)