

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004510

FILED  
Mar 08, 2004  
Secretary of State

Entity Name: AMERON INTERNATIONAL CORPORATION

## Current Principal Place of Business:

245 S. LOS ROBLES AVE.  
8TH FLOOR  
PASADENA, CA 91101

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 7007  
PASADENA, CA 911097007

## New Mailing Address:

FEI Number: 77-0100596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete  
Name: MARLEN, JAMES S  
Address: 245 S. LOS ROBLES AVE.  
City-St-Zip: PASADENA, CA 91101

Title: VT ( ) Delete  
Name: MCLAUGHLIN, JAMES R  
Address: 245 SOUTH LOS ROBLES AVENUE  
City-St-Zip: PASADENA, CA 911012820

Title: VGP ( ) Delete  
Name: GIESE, THOMAS P  
Address: 245 S. LOS ROBLES AVE.  
City-St-Zip: PASADENA, CA 911012820

Title: VGP ( ) Delete  
Name: ROBERTSON, GORDON G  
Address: 245 S. LOS ROBLES AVE.  
City-St-Zip: PASADENA, CA 911012820

Title: VS ( ) Delete  
Name: SOLIS, JAVIER  
Address: 245 S. LOS ROBLES AVE.  
City-St-Zip: PASADENA, CA 91101

Title: VPC ( ) Delete  
Name: WAGNER, GARY  
Address: 245 S. LOS ROBLES AVE  
City-St-Zip: PASADENA, CA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES R MCLAUGHLIN

VT

03/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date