


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90296 016 \*\*\*150.00

<b>DOCUMENT # F94000004510</b>	
1. Entity Name <b>AMERON INTERNATIONAL CORPORATION</b>	

Principal Place of Business <b>245 S. LOS ROBLES AVE. 8TH FLOOR PASADENA, CA 91101</b>	Mailing Address <b>PO BOX 7007 PASADENA, CA 91109-7007</b>
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40010000



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04062006 Chg-P CR2E034 (11/05)

4. FEI Number <b>77-0100596</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PDC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARLEN, JAMES S			NAME			
STREET ADDRESS	245 S. LOS ROBLES AVE.			STREET ADDRESS			
CITY-ST-ZIP	PASADENA, CA 91101			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLAUGHLIN, JAMES R			NAME			
STREET ADDRESS	245 SOUTH LOS ROBLES AVENUE			STREET ADDRESS			
CITY-ST-ZIP	PASADENA, CA 911012820			CITY-ST-ZIP			
TITLE	VGP	<input checked="" type="checkbox"/> Delete		TITLE	Dennis C. Poulsen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GIESE, THOMAS P			NAME	245 S. Los Robles Ave.		
STREET ADDRESS	245 S. LOS ROBLES AVE.			STREET ADDRESS	Pasadena, Ca 91101		
CITY-ST-ZIP	PASADENA, CA 911012820			CITY-ST-ZIP			
TITLE	VGP	<input checked="" type="checkbox"/> Delete		TITLE	VGP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBERTSON, GORDON G			NAME	Davenport, David		
STREET ADDRESS	245 S. LOS ROBLES AVE.			STREET ADDRESS	245 S. Los Robles Ave.		
CITY-ST-ZIP	PASADENA, CA 911012820			CITY-ST-ZIP	Pasadena, CA 91101		
TITLE	VS	<input type="checkbox"/> Delete		TITLE	VGP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SOLIS, JAVIER			NAME	Peppercorn, John E		
STREET ADDRESS	245 S. LOS ROBLES AVE.			STREET ADDRESS	245 S. Los Robles Ave.		
CITY-ST-ZIP	PASADENA, CA 91101			CITY-ST-ZIP	Pasadena, CA 91101		
TITLE	VPC	<input type="checkbox"/> Delete		TITLE	VGP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WAGNER, GARY			NAME	Hagan, Michael J		
STREET ADDRESS	245 S. LOS ROBLES AVE			STREET ADDRESS	245 S. Los Robles Ave.		
CITY-ST-ZIP	PASADENA, CA			CITY-ST-ZIP	Pasadena, CA 91101		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** James R. McLaughlin *James R. McLaughlin* 4/7/06 (626) 683-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #