

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004510

FILED
Mar 30, 2009
Secretary of State

Entity Name: AMERON INTERNATIONAL CORPORATION

Current Principal Place of Business:

245 S. LOS ROBLES AVE.
8TH FLOOR
PASADENA, CA 911013638 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7007
PASADENA, CA 911097007 US

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: POULSEN, DENNIS C
Address: 245 S. LOS ROBLES AVE.
City-St-Zip: PASADENA, CA 911012820

Title: VGP () Delete
Name: DAVENPORT, DAVID
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: VS (X) Change () Addition
Name: JOHNSON, STEPHEN E
Address: 245 S. LOS ROBLES AVE.
City-St-Zip: PASADENA, CA 91101

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

MR

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date