2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # G38542

1. Entity Name
ALUMINIUMWERK UNNA-USA, INC.

Principal Place of Business	Mailing Address
3033 S. PARKER ROAD SUITE 630 AURORA, CO 80014 US	3033 S. PARKER ROAD SUITE 630 AURORA, CO 80014 US

DO NOT WRITE IN THIS SPACE

01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2299749
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000031408
02/04/04-80147-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOTTMANN, ROLF DR.
STREET ADDRESS	UELZENER WEG 36
CITY-ST-ZIP	D-59425 UNNA, GERMANY,
TITLE	P
NAME	FINDEISEN, VOLKER
STREET ADDRESS	UELZENER WEG 36
CITY-ST-ZIP	D-59425 UNNA, GERMANY,
TITLE	VM
NAME	EISENBLAETTER, PETRA
STREET ADDRESS	11621 MASONVILLE DR.
CITY-ST-ZIP	PARKER, CO 80134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: Petra Eisenblaetter PETRA EISENBLAETTER 1-30-04 303-755-5672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #