2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G38542

Entity Name: ALUMINIUMWERK UNNA-USA, INC.

FILED Sep 11, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
3033 S. PARKER SUITE 630	ROAD			
AURORA, CO 8	30014	US		
Current Mailing Address:			New Mailing Address:	
3033 S. PARKER	ROAD			
SUITE 630 AURORA, CO 8	30014	US		
FEI Number: 59-229	99749	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
CT CORPORATI 1200 S. PINE ISL PLANTATION, F	LAND RO	DAD		
The above name in the State of Flo		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATURE: C	CLAUS B	ETTER, PRESIDENT		
_	Electron	ic Signature of Registered Age	ent	Date
In accordance with	n s. 607.193	iic Signature of Registered Age 3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().		Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: Title: (X) Change () Addition KOTTMANN, ROLF DR. FINDEISEN, VOLKER Name: Name: **UELZENER WEG 36** Address: 3033 S. PARKER ROAD, STE 630 Address: City-St-Zip: D-59425 UNNA, GERMANY, City-St-Zip: AURORA, CO 80014 US Title: () Delete Title: (X) Change () Addition FINDEISEN, VOLKER BETTER, CLAUS Name: Name: Address: Address: **UELZENER WEG 36** 3033 S. PARKER ROAD, STE 630 D-59425 UNNA, GERMANY, AURORA, CO 80014 US City-St-Zip: City-St-Zip: Title: Title: VM () Delete () Change () Addition Name: EISENBLAETTER, PETRA Name: 11621 MASONVILLE DR. Address: Address: City-St-Zip: PARKER, CO 80134 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUS BETTER P 09/11/2006