FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 844103 (2)

1. Corporation Name
HYDRO ALUMINUM AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
100 GUS HIPP BLVD. ROCKLEDGE FL 32955	100 GUS HIPP BLVD. ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1979
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25)
Zip (29) County (30)

4. FEI Number: 59-1930466 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERRON, DENNIS J.
100 GUS HIPP BOULEVARD
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	1.1 TITLE	S/T	☒ Change ☐ Addition
NAME	LAURIDS LAURIDSEN	1.2 NAME	Dale C. Baswell	
STREET ADDRESS	1607 E. MAUMEE STREET	1.3 STREET ADDRESS	100 Gus Hipp Blvd.	
CITY-ST-ZIP	ADRIAN MI 49221	1.4 CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	PD	2.1 TITLE	P	☒ Change ☐ Addition
NAME	BOEHMAN, RICHARD J.	2.2 NAME	Dennis J. Herron	
STREET ADDRESS	26261 EVERGREEN RD. #450	2.3 STREET ADDRESS	100 Gus Hipp Blvd.	
CITY-ST-ZIP	SOUTHFIELD MI	2.4 CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	VP	3.1 TITLE		☒ Change ☐ Addition
NAME	DENNIS J. HERRON	3.2 NAME	NONE	
STREET ADDRESS	100 GUS HIPP BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	KOGSTAD, ROLF E.	4.2 NAME		
STREET ADDRESS	800 THIRD AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY.	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RICHARD J. KNOLL, JR.	5.2 NAME		
STREET ADDRESS	100 GUS HIPP BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Laurids Lauridsen	
STREET ADDRESS		6.3 STREET ADDRESS	1607 E. Maumee Street	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Adrian, MI 49221	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis J. Herron — April 19, 1995 — 407-636-8147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dennis J. Herron, President

007L040 CP

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addres
2. Include informatio
3. Signature of the pr
4. Indicate liability fo
5. Submit with total f
   Fee is $200.00.

Block 1.	Block 1 is preprinted of corporation cannot
Block 2.	Enter the principal pla
Block 2a.	If the computer-enter
Block 3.	Enter the date of Inco
Block 3a.	Enter the file date of t
Block 4.	Complete Block 4 by now provide the FEI r
Block 5.	Should you desire a c fee.
Block 6.	Florida law allows for and members of the (
Block 8.	Check the appropriat
Block 9.	The law requires that in Block 10. There is
Block 10.	Enter name of new R THE CORPORATION
Block 11.	The new registered a signing in Block 11, N their position with the
Block 12.	Block 12 contains the block 13. If there is n
Block 13.	Block 13 is for chang title line: *P=Presiden* *positions, e.g., S/D;* pursuant to Section 1 the mailing address a
Block 14.	This report must be s In Block 12, Block 13 A signature placed on

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Annual Reports
Post Office Box 1500
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Phone Number: (904) 4

If the check submitted with this
dissolve the cor

20 April 1995

Hydro Aluminum
Rockledge

HYDRO

NOTE: Boehman, Richard J. remains a "Director". Change is for President only.

nited States Bank to Department of State.)

viously reported to our office. The name

y reported, in Block 2.

is acceptable.

d for" is preprinted in Block 4, you must

include an additional $8.75 with your filing

al campaigns for the offices of the Governor

l is incorrect, enter the correct information

is NOT acceptable for service of process.

is and this appointment by completing and
corporation, the person signing must state

corrections or additions are to be made in

ble. Use the following type symbols on the
ion holds more than one position, enter all
officer or director's address is confidential
lresses. If there is no street address, enter

or Director of the Corporation that is listed
must be signed by the trustee or receiver.

ence to this address:

ary):

partment of State will administratively
proscribed time frame.