

FILED
May 05, 2003 8:00 am
Secretary of State

05-01-2003 90827 013 ***150.00

05-05-2003 91883 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #844103					
1. Entity Name HYDRO ALUMINUM ROCKLEDGE, INC.					
Principal Place of Business 100 GUS HIPP BLVD. ROCKLEDGE, FL 32955-4701				Mailing Address 100 GUS HIPP BLVD. ROCKLEDGE, FL 32955-4701	
2. Principal Place of Business		3. Mailing Address		 ☐ CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		4. FEI Number 59-1930466 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting.) DATE _____					
FILE NOW!! (FEE IS \$160.00) After May 17, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	☐ Delete	TITLE	S/T	☒ Change ☐ Addition
NAME	BASWELL, DALE C		NAME		
STREET ADDRESS	100 GUS HIPP BLVD		STREET ADDRESS		
CITY-STATE-ZIP	ROCKLEDGE, FL 329554701		CITY-STATE-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HERRON, DENNIS J		NAME		
STREET ADDRESS	100 GUS HIPP BLVD		STREET ADDRESS		
CITY-STATE-ZIP	ROCKLEDGE, FL 329554701		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMITH, ULF		NAME		
STREET ADDRESS	ROUTE DE CHAVANNES 31		STREET ADDRESS		
CITY-STATE-ZIP	LAUSANNE, SW CH-107		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WALLACE, KEN		NAME		
STREET ADDRESS	100 N TAMPA ST # 3350		STREET ADDRESS		
CITY-STATE-ZIP	TAMPA, FL 33602		CITY-STATE-ZIP		
TITLE	T	☒ Delete	TITLE	AT	☒ Change ☒ Addition
NAME	EHEN, DOUGLAS V		NAME	RANDY HAYNES	
STREET ADDRESS	100 GUS HIPP BLVD.		STREET ADDRESS	100 GUS HIPP BLVD.	
CITY-STATE-ZIP	ROCKLEDGE, FL 32955		CITY-STATE-ZIP	ROCKLEDGE, FL 32955	
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUBNER, KAREN		NAME		
STREET ADDRESS	100 GUS HIPP BLVD.		STREET ADDRESS		
CITY-STATE-ZIP	ROCKLEDGE, FL 32955		CITY-STATE-ZIP		
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 <i>Karen D. Hubner</i>			Date <i>4-24-2003</i>		
* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2EC34 (10/02)