

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90020 005 ***150.00

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1. Entity Name
INTEGRIS METALS, INC.



Principal Place of Business
**455 85TH AVENUE N.W.
MINNEAPOLIS, MN 55433-6026**

Mailing Address
**P.O. BOX 360
MINNEAPOLIS, MN 55440-0360**

24003853



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

41-2017544

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
JONES, HARRISON P
455 85TH AVENUE N.W.
MINNEAPOLIS, MN 554336026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
William E. Leahy, Jr
390 Park Ave
New York, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
GOLDBERG, MICHAEL H
455 8TH AVE
MINNEAPOLIS, MN 55433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
MARCUS P RANDOLPH
600 BOURKE STREET
MELBOURNE, VIC 3000 Australia**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
CHESLEY, EVERETT
455 8TH AVE
MINNEAPOLIS, MN 55433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
MARK D IRWIN
600 BOURKE STREET
MELBOURNE, VIC 3000 Australia**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOCK, TIMOTHY
201 ISABELLA (30-06)
PITTSBURGH, PA 15212**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
MARCUS D. Engelbrecht
600 BOURKE STREET
MELBOURNE, VIC 3000 Australia**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCRACKEN, RICHARD
390 PARK AVE.
NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
William B. Plummer
390 PARK AVE
New York, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LOANEY, WILLIAM
390 PARK AVE.
NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EVERETT P. CHESLEY, EVP+CFO

1/15/2004 (763) 717-9000