

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90059 007 ***150.00

DOCUMENT # F01000005492

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-2017544**

Applied For
Not Applicable

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, 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 ~~PRES~~ **CEO** ☐ Delete
NAME **JONES, HARRISON P**
STREET ADDRESS **455 85TH AVENUE N.W.**
CITY-ST-ZIP **MINNEAPOLIS MN 55433-6026**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **TIMOTHY S. MOCK**
STREET ADDRESS **201 ISABELLA (3D - 06)**
CITY-ST-ZIP **Pittsburgh PA 15212**

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **RICHARD McCracken**
STREET ADDRESS **390 PARK AVE**
CITY-ST-ZIP **New York, NY 10022**

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **William E. Looney**
STREET ADDRESS **390 PARK AVE**
CITY-ST-ZIP **New York, NY 10022**

TITLE ☐ Delete
NAME **Timothy S. Mock**
STREET ADDRESS **201 Isabella**
CITY-ST-ZIP **Pittsburgh PA 15212**

TITLE **DIRECTOR** ☐ Change ☐ Addition
NAME **Gordon C. Gray**
STREET ADDRESS **120 Adelaide Street W**
CITY-ST-ZIP **TORONTO ON (CANADA) M5H 1W5**

TITLE ☐ Delete
NAME **Christiaan M. Norval**
STREET ADDRESS **1-3 Strand**
CITY-ST-ZIP **London, England, WC 2N 5HA**

TITLE **DIRECTOR** ☐ Change ☐ Addition
NAME **ANDRE Liebenburg**
STREET ADDRESS **1-3 Strand**
CITY-ST-ZIP **London, England WC2N5HA**

TITLE ☐ Delete
NAME **ANDRE Liebenburg**
STREET ADDRESS **1-3 Strand**
CITY-ST-ZIP **London, England WC2N5HA**

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

2-21-03

(763) 717-7116

Date

Daytime Phone #

CR2E034 (10/02)