

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000003265

1. Entity Name
BHP BILLITON MARKETING INC.



Principal Place of Business
**OMEGACORPORATECENTER
1150 OMEGA DRIVE
PITTSBURGH, PA 15205**

Mailing Address
**OMEGACORPORATECENTER
1150 OMEGA DRIVE
PITTSBURGH, PA 15205**



02012006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1002431

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000448745

03/09/06-80025-017 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KARPAKIS, GEORGE J
STREET ADDRESS OMEGA CORP. CENTER, 1150 OMEGA DR
CITY-ST-ZIP PITTSBURGH, PA 15205

TITLE TD
NAME DMITRZAK, GARY D
STREET ADDRESS OMEGA CORP. CENTER, 1150 OMEGA DR
CITY-ST-ZIP PITTSBURGH, PA 15205

TITLE D
NAME SPRINGHETTI, ROBERT A
STREET ADDRESS OMEGA CORP. CENTER, 1150 OMEGA DR
CITY-ST-ZIP PITTSBURGH, PA 15205

TITLE D
NAME BRIANT, TERENCE G
STREET ADDRESS P.O. BOX 105
CITY-ST-ZIP BAAR SWITZERLAND,

TITLE V
NAME GROSS, RICHARD P
STREET ADDRESS OMEGA CORP. CENTER, 1150 OMEGA DR
CITY-ST-ZIP PITTSBURGH, PA 15205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

M. Ruth Rhodes

M. Ruth Rhodes, Assistant Secretary 02/02/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #