


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 1150OMEGADRIVE PITTSBURGH,PA15205	Mailing Address OMEGACORPORATECENTER 1150OMEGADRIVE PITTSBURGH,PA15205
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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 <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PO KARPAKIS, GEORGE J OMEGA CORP. CENTER, 1150 OMEGA DR PITTSBURGH, PA 15205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DMITRZAK, GARY D OMEGA CORP. CENTER, 1150 OMEGA DR PITTSBURGH, PA 15205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRINGHETTI, ROBERT A OMEGA CORP. CENTER, 1150 OMEGA DR PITTSBURGH, PA 15205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIANT, TERENCE G P.O. BOX 105 BAAR SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROSS, RICHARD P OMEGA CORP. CENTER, 1150 OMEGA DR 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 #