

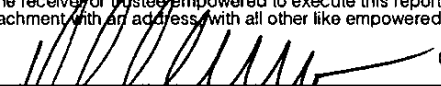


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90066 042 \*\*\*150.00

<b>DOCUMENT # F03000004268</b>			
1. Entity Name <b>AKER KVAERNER METALS, INC.</b>			
Principal Place of Business <b>7909 PARKWOOD CIRCLE DRIVE HOUSTON TX 77036</b>		Mailing Address <b>7909 PARKWOOD CIRCLE DRIVE HOUSTON TX 77036</b>	
2. Principal Place of Business <i>3600 Briar park Dr.</i>	3. Mailing Address <i>3600 Briar park Dr.</i>	 1st MOORE CR2E034 (10/04)	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State <i>Houston, TX</i>	City & State <i>Houston, TX</i>		
Zip <i>77042</i>	Country <i>USA</i>	Zip <i>77042</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MCGREW, DANIEL 7909 PARKWOOD CIRCLE DRIVE HOUSTON TX 77036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VS</i> MCGREW, DANIEL 3600 Briar park Dr. Houston, TX 77042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGRATH, JIM 12657 ALCOSTA BLVD SAN RAMON CA 94583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McGrath, Jim 3600 Briar park Dr. Houston, TX 77042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, COX 2801 E 13TH ST DEER PARK TX 77536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDEL, GARY 7909 PARKWOOD CIR DR HOUSTON TX 77036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mandel, Gary 3600 Briar park Dr. Houston, TX 77042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TABAR, RAY 12657 ALCOSTA BLVD SAN RAMON CA 94583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REPP, TIM 12657 ALCOSTA BLVD SAN RAMON CA 94583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T McCloskey, Michael 3600 Briar park Dr. Houston, TX 77042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: <i>2/2/05</i> Daytime Phone #: <i>713-988-2002</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	