2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004849

Entity Name: CASTROL INDUSTRIAL NORTH AMERICA INC.

FILED Jan 13, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
4101 WINFIELD ROAD WARRENVILLE, IL 60555					
Current Mailing Address:			New Mailing Address:		
4101 WINFIELD ROAD WARRENVILLE, IL 60555					
FEI Number: 36-3722181 FEI Number Applied For () FEI Nur		nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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.					
SIGNATURE:					
	Electronic	Signature of Registered Agent			Date
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E FAURE, T.R. 150 WARRENVIL NAPERVILLE, IL		Title: Name: Address: City-St-Zip:	() Cl	nange()Addition
Title: Name: Address: City-St-Zip:	VPCF () E RINEY, S.J. 4101 WINFIELD WARRENVILLE,		Title: Name: Address: City-St-Zip:	AS (X) C STEIN, GEOFF 4101 WINFIELD F WARRENVILLE, II	
Title: Name: Address: City-St-Zip:	VPGT () E WESSELLS, P.D 4101 WINFIELD WARRENVILLE,	ROAD	Title: Name: Address: City-St-Zip:	() CI	nange()Addition
Title: Name: Address: City-St-Zip:	BERRY, S.T. WAKEFIELD HO	Delete USE, PIPERS WAY HIRE UK, XX XX	Title: Name: Address: City-St-Zip:	() CI	nange()Addition
Title: Name: Address: City-St-Zip:	VPAS () E PAULSEN, C.D. 150 WARRENVIL NAPERVILLE, IL		Title: Name: Address: City-St-Zip:	() CI	nange()Addition
Title: Name: Address: City-St-Zip:	VPD () E PINKERT, D.B. 4101 WINFIELD WARRENVILLE,		Title: Name: Address: City-St-Zip:	() CI	nange()Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFF STEIN

AS

01/13/2006