

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004109

FILED
Apr 26, 2007
Secretary of State

Entity Name: ORICA USA INC.

Current Principal Place of Business:

33101 E QUINCY AVE
WATKINS, CO 80137

New Principal Place of Business:

Current Mailing Address:

33101 E QUINCY AVE
WATKINS, CO 80137

New Mailing Address:

FEI Number: 75-2661387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C S C
4126 ST. AUGUSTINE ROAD
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: BRINKER, DONALD O
Address: 33101 E QUINCY AVE
City-St-Zip: WATKINS, CO 80137

Title: S () Delete
Name: CURTIS, CHRISTOPHER
Address: 33101 E QUINCY AVE
City-St-Zip: WATKINS, CO 80137

Title: VPD () Delete
Name: MARCHAND, RODNEY R
Address: 33101 EAST QUINCY AVE
City-St-Zip: WATKINS, CO 80137

Title: TD () Delete
Name: HUTTON, STUART
Address: 33101 EAST QUINCY AVE
City-St-Zip: WATKINS, CO 80137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: RICHARD, BETTS
Address: 33101 EAST QUINCY AVE
City-St-Zip: WATKINS, CO 80137

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: DEL DELANEY, TAX ANALYST

TAX

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date