2004 LIMITED LIABILITY COMPANY

May 03, 2004 8:00 am Secretary of State ANNUAL REPORT 05-03-2004 90112 034 ****50.00 **DOCUMENT # M03000004335** 1. Entity Name HYDRO ALUMINUM ROCKLEDGE, LLC 24062567 Principal Place of Business Mailing Address 100 GUS HIP BLVD. 100 GUS HIP BLVD. ROCKLEDGE, FL 32955-4701 ROCKLEDGE, FL 32955-4701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 20-0468355 Not Applicable Zio Country Zip Country \$5:00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR **∆**Change TITLE ☐ Delete TITLE Addition MGR - President HERON, DENNIS NAME NAME 100 GUS HIP BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 329554701 CITY-ST-ZIP MGR - Secretary/ Treasurer Delete MGR X Addition TILLE ☐ Change TITLE NAME SMITH, ULF NAME Dale Baswell 100 Gus Hipp Blyd. Rockledge: FL 32955-4701 100 GUS HIP BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 329554701 CITY-ST-ZIP Delete MGR Addition TITLE TITLE Change MGR - Vice President WALLACE, KEN NAME John Warren 100 Gus HIpp Blyd STREET ADDRESS 100 GUS HIP BLVD. STREET ADDRESS ROCKLEDGE, FL 329554701 CITY-ST-ZIP CITY-ST-ZIP Rockledge, ☐ Addition TITLE ☐ Defete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP