


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90032 032 \*\*\*\*50.00

<b>DOCUMENT # M03000004335</b>	
1. Entity Name <b>HYDRO ALUMINUM PRECISION TUBING NORTH AMERICA, LLC</b>	

Principal Place of Business <b>340 GUS HIPPI BLVD ROCKLEDGE, FL 32955-4701</b>	Mailing Address <b>340 GUS HIPPI BLVD ROCKLEDGE, FL 32955-4701</b>
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**60040019**



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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04092007 Chg-LLC CR2E083 (12/06)

City & State	City & State
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4. FEI Number <b>20-0468355</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRC SLETMOE, ARNSTEIN SKOYEN DRAMMENSVEIEN 213,BLDG ST,RM 2514 OSLO, NORWAY. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Biosca, Salvador Route de Chavanne, Bldg. 31 Lausanne, SWITZERLAND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULL-BERG, BJARNE SKOYEN DRAMMENSVEIEN 213,BLDG ST,RM2514 OSLO, NORWAY. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Scieur, Patrick Route de Chavanne, Bldg. 31 Lausanne, SWITZERLAND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP RAVESLOOT, HUGO 340 GUS HIPPI BLVD ROCKLEDGE, FL 329554701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP Jones, Keith 340 Gus Hipp Blvd. Rockledge, FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUPPÉ, SERGE 340 GUS HIPPI BLVD ROCKLEDGE, FL 329554701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Victoria Walton 801 International Drive Linthicum Heights, MD 21090 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOUBERLY, LISA 340 GUS HIPPI BLVD ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete (Duplicate Listing... See below)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Caroline Henrich 801 International Drive Linthicum Heights, MD 21090 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOUBERLY, LISA 340 GUS HIPPI BLVD ROCKLEDGE, FL 329554701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Caroline Henrich **4/23/07** **(408) 487-4500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #