

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004335

FILED
Apr 16, 2010
Secretary of State

Entity Name: HYDRO ALUMINUM PRECISION TUBING NORTH AMERICA, LLC

Current Principal Place of Business:

100 GUS HIPP BLVD
ROCKLEDGE, FL 329554701 US

New Principal Place of Business:

Current Mailing Address:

100 GUS HIPP BLVD
ROCKLEDGE, FL 329554701 US

New Mailing Address:

FEI Number: 20-0468355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: MGRC
Name: BIOSCA, SALVADOR
Address: ROUTE DE CHAVANNES BLDG 31
City-St-Zip: LAUSANNE, SWITZERLAND, CH 1007 CH

Title: MGR
Name: SCIEUR, PATRICK
Address: ROUTE DE CHAVANNES BLDG 31
City-St-Zip: LAUSANNE, SWITZERLAND, CH 1007 CH

Title: MGRP
Name: JONES, KEITH
Address: 100 GUS HIPP BLVD
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: S
Name: HENRICH, CAROLINE
Address: 999 CORPORATE BOULEVARD, SUITE 100
City-St-Zip: LINTHICUM HEIGHTS, MD 21090 US

Title: T
Name: DOUBERLY, LISA
Address: 100 GUS HIPP BLVD
City-St-Zip: ROCKLEDGE, FL 329554701 US

Title: AT
Name: BRENNAN, MICHAEL
Address: 999 CORPORATE BOULEVARD, SUITE 100
City-St-Zip: LINTHICUM HEIGHTS, MD 21090 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

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04/16/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date