


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90011 042 ***150.00

DOCUMENT # P10644							
1. Entity Name UNITED STATES ALUMINUM CORPORATION - CAROLINA							
Principal Place of Business 767 MONTEREY PASS ROAD MONTEREY PARK, CA 91754		Mailing Address 767 MONTEREY PASS ROAD MONTEREY PARK, CA 91754					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 95-3953238			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	TREINEN, DAVID	NAME					
STREET ADDRESS	1731 BEECHHILL DRIVE	STREET ADDRESS					
CITY-ST-ZIP	HACIENDA HEIGHTS, CA	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	VANDERSTAR, CORNELIUS C.	NAME	D VANDERSTAR, CORNELIUS C.				
STREET ADDRESS	601 LIDO PARK DRIVE	STREET ADDRESS	2700 NEWPORT BLVD.				
CITY-ST-ZIP	NEWPORT BEACH, CA 92663	CITY-ST-ZIP	NEWPORT BEACH CA 92663				
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RUDY, RONALD L.	NAME					
STREET ADDRESS	6239 MAJORCA CIR.	STREET ADDRESS					
CITY-ST-ZIP	LONG BEACH, CA 90803	CITY-ST-ZIP					
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FOGELMAN, MITCHELL K	NAME					
STREET ADDRESS	9536 WHITE OAK AVE	STREET ADDRESS					
CITY-ST-ZIP	NORTHBRIDGE, CA 91325	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Mitchell K Fogelman</i>		Date: 1/4/05		Daytime Phone #: 323-264-1670			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

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