


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90014 040 ***150.00

DOCUMENT # P10644

1. Entity Name
UNITED STATES ALUMINUM CORPORATION - CAROLINA



Principal Place of Business Mailing Address
767 MONTEREY PASS ROAD **767 MONTEREY PASS ROAD**
MONTEREY PARK, CA 91754 **MONTEREY PARK, CA 91754**

40026935

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02122008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
95-3953238 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERSTAR, CORNELIUS C. 2700 NEWPORT BLVD NEWPORT BEACH, CA 92663 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUDY, RONALD L 6239 MAJORCA CIR. LONG BEACH, CA 90803 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOGELMAN, MITCHELL K 9536 WHITE OAK AVE NORTHRIDGE, CA 91325 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAINER, GREG 520 ULTIMO AVE LONG BEACH, CA 90814 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICHARD ALMY 767 MONTEREY PASS RD MONTEREY PARK CA 91754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JEFF PARK 767 MONTEREY PASS RD MONTEREY PARK CA 91754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL NORRING 767 MONTEREY PASS RD MONTEREY PARK CA 91754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DARREN GOLD 4 EMBARCADERO CTR STE 1900 SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Michael Norring **MICHAEL NORRING** 2/12/08 323264-1670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #