

P10644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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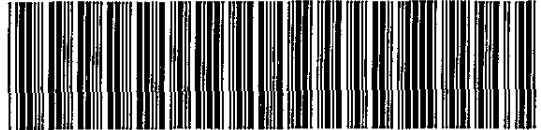
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNITED STATES ALUMINUM CORPORATION-CAROLINA
(Name of corporation)

DOCUMENT NUMBER: P 10644

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL NORRING
(Name of person)

UNITED STATES ALUMINUM CORPORATION-CAROLINA
(Name of firm/company)

767 MONTEREY PASS ROAD
(Address)

MONTEREY PARK CA 91754
(City/state and zip code)

For further information concerning this matter, please call:

MICHAEL NORRING at (323) 264-1670
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of CALIFORNIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNITED STATES ALUMINUM CORPORATION-CAROLINA
2. The principal office address: 767 MONTEREY PASS ROAD
MONTEREY PARK CA 91754
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/7/85 Document number: P 10644

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

WILLIAM E JONES

12485 HARBOR WINDS DR N

JACKSONVILLE FL 32225

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.

526 E PARK AVENUE

(P.O. Box or personal mailbox NOT acceptable)

TALLAHASSEE FLORIDA 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

MITCHELL K FOGELMAN SR VP-FIN
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

October 27, 2003
(Date)

If signing on behalf of an entity:

Juanita Mahoney
(Typed or Printed Name)

Assistant Secretary
(Capacity)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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