## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P37129

Entity Name: THYSSENKRUPP MATERIALS, INC.

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	11 MILE RD ELD, MI 48034	4735 US				
Current Mailing Address:			New Maili	New Mailing Address:		
3155 WES TAX DEP TROY, MI		RROAD				
FEI Number	: 38-0445860	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:	
1201 HAY	ATION SERVIC S STREET SSEE, FL 3236					
The above in the State	e named entity s e of Florida.	submits this statement for the p	urpose of changing it	ts registered o	office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	nt		Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () SABOL, WILLIA 22355 W 11 MI SOUTHFIELD, I	LE RD	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VSD ( ) GILL, MALCOL 22355 W 11 MI SOUTHFIELD, I	LE RD	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( ) GREAVES, RIC 22355 W 11 MI SOUTHFIELD, I	LE RD	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) JOACHIM, LIME 22355 W 11 MI SOUTHFIELD, I	LE RD	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () GOERTZ, NOR 22355 W 11 MI SOUTHFIELD, I	LE RD	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: Citv-St-Zip:	V () FUNKE, JUERG 22355 W 11 MI SOUTHFIELD	LE RD	Title: Name: Address: City-St-Zin:	SKIBA, ANNET 22355 W 11 M		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE SKIBA VP 01/09/2006