2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000402

Entity Name: INFRA-METALS CO.

Name:

Address:

City-St-Zip:

400 NORTHRIDGE RD STE 850

ATLANTA, GA 30350

FILED Apr 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 400 NORTHRIDGE RD., STE 850 ATLANTA, GA 30350 **Current Mailing Address: New Mailing Address:** P O BOX 501147 ATLANTA, GA 311501147 FEI Number: 58-1448179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete Title: () Change () Addition SHER, HAROLD Name: Name: 400 NORTHRIDGE RD STE 850 Address: Address: City-St-Zip: ATLANTA, GA 30350 City-St-Zip: Title: Title: () Delete (X) Change () Addition OSMERG, WOLFGANG SMITH, DOUG Name: Name: 400 NORTHRIDGE RD STE 850 400 NORTHRIDGE RD STE 850 Address: Address: ATLANTA, GA 30350 ATLANTA, GA 30350 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition BRINKMANN, GISELA Name: Name: 400 NORTHRIDGE RD STE 850 Address: Address: City-St-Zip: ATLANTA, GA 30350 City-St-Zip: Title: VT (X) Delete Title: () Change () Addition SMITH, DOUG

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DOUG SMITH VT 04/19/2004