

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000402

FILED
Jan 13, 2010
Secretary of State

Entity Name: INFRA-METALS CO.

Current Principal Place of Business:

400 NORTHRIDGE RD STE 850
ATLANTA, GA 30350

New Principal Place of Business:

Current Mailing Address:

350 S. GRAND AVE.
SUITE 5100
LOS ANGELES, CA 90071

New Mailing Address:

FEI Number: 58-1448179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: CO-P
Name: HAIGHT, MARK
Address: 8 PENT HWY
City-St-Zip: WALLINGFORD, CT 06492

Title: CO-P
Name: LUSDYK, JOHN
Address: 580 MIDDLETOWN BLVD, #D-100
City-St-Zip: LANGHORNE, PA 19047

Title: CEO
Name: MOLLINS, GREGG J
Address: 350 S. GRAND AVE., STE. 5100
City-St-Zip: LOS ANGELES, CA 90071

Title: SEC
Name: LEWIS, KARLA R
Address: 350 S. GRAND AVE., STE. 5100
City-St-Zip: LOS ANGELES, CA 90071

Title: VP
Name: HANNAH, DAVID H
Address: 350 S. GRAND AVE., STE. 5100
City-St-Zip: LOS ANGELES, CA 90071

Title: CFO
Name: DUBROW, HERB
Address: 580 MIDDLETOWN BLVD., #D-100
City-St-Zip: LANGHORNE, PA 19047

I hereby 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 all other like empowered.

SIGNATURE: KARLA LEWIS

SEC

01/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date