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SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB 28 PM 4:01**

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 812066 (9)**

1. Corporation Name  
**LATROBE STEEL COMPANY**

Principal Place of Business: **2626 S LIGONIER STREET LATROBE PENNSYLVANIA 15650**

Mailing Address: **2626 S LIGONIER STREET LATROBE PENNSYLVANIA 15650**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/11/1957**      3a. Date of Last Report: **01/25/1994**

4. FEI Number: **25-0610595**      Applied For:  Not Applicable:

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**      Suite, Apt. #, etc.: **27**

City & State: **23**      City & State: **28**

Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_

82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

83 \_\_\_\_\_

84 City: \_\_\_\_\_      FL 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: **V**  
NAME: **BELLIS, D.R.**  
STREET ADDRESS: **1334 CLEARVIEW DR.**  
CITY-ST-ZIP: **GREENSBURG PA**

TITLE: **D**  
NAME: **TIMKEN, W.R., JR.**  
STREET ADDRESS: **2321 BRENTWOOD RD., N.W.**  
CITY-ST-ZIP: **CANTON, OH 00000**

TITLE: **PD**  
NAME: **WEGEL, C.P.**  
STREET ADDRESS: **R.D. #6, BOX 568-2**  
CITY-ST-ZIP: **LATROBE PA**

TITLE: **S**  
NAME: **DEAN, M D**  
STREET ADDRESS: **R.D. #2 BOX 71**  
CITY-ST-ZIP: **LIGONIER PA**

TITLE: **D**  
NAME: **TOOT, J F JR**  
STREET ADDRESS: **2826 COVENTRY LN, N.W.**  
CITY-ST-ZIP: **CANTON, OH 00000**

TITLE: **D**  
NAME: **BROWN, L.R.**  
STREET ADDRESS: **326 HUME ST NE**  
CITY-ST-ZIP: **CANTON OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition

1.2 NAME: \_\_\_\_\_

1.3 STREET ADDRESS: \_\_\_\_\_

1.4 CITY-ST-ZIP: \_\_\_\_\_

2.1 TITLE:  Change  Addition

2.2 NAME: \_\_\_\_\_

2.3 STREET ADDRESS: \_\_\_\_\_

2.4 CITY-ST-ZIP: \_\_\_\_\_

3.1 TITLE:  Change  Addition

3.2 NAME: \_\_\_\_\_

3.3 STREET ADDRESS: \_\_\_\_\_

3.4 CITY-ST-ZIP: \_\_\_\_\_

4.1 TITLE:  Change  Addition

4.2 NAME: \_\_\_\_\_

4.3 STREET ADDRESS: \_\_\_\_\_

4.4 CITY-ST-ZIP: \_\_\_\_\_

5.1 TITLE:  Change  Addition

5.2 NAME: \_\_\_\_\_

5.3 STREET ADDRESS: \_\_\_\_\_

5.4 CITY-ST-ZIP: \_\_\_\_\_

6.1 TITLE:  Change  Addition

6.2 NAME: \_\_\_\_\_

6.3 STREET ADDRESS: \_\_\_\_\_

6.4 CITY-ST-ZIP: \_\_\_\_\_

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *M.D. Dean*      M.D. DEAN      SECRETARY-TIMKEN      1415-02-21      (412)532-6392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      Telephone #