

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified: **07/11/1957**
3a. Date of Last Report: **02/28/1995**
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 Suite, Apt. #: etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #: etc. 27 City & State: 28 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: _____ (Name of Registered Agent or Director) (Not to be placed here if signature required on registration) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BELLUS, D.R.	
STREET ADDRESS	1334 CLEARVIEW DR.	
CITY-ST-ZIP	GREENSBURG PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIMKEN, W.R., JR.	
STREET ADDRESS	2321 BRENTWOOD RD.,N.W.	
CITY-ST-ZIP	CANTON, OH 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEIGEL, C.P.	
STREET ADDRESS	R.D. #6, BOX 568-2	
CITY-ST-ZIP	LATROBE PA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DEAN, M D	
STREET ADDRESS	R.D. #2 BOX 71	
CITY-ST-ZIP	LIGONIER PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOOT, J F JR	
STREET ADDRESS	2826 COVENTRY LN.,N.W.	
CITY-ST-ZIP	CANTON,OH 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, L.R.	
STREET ADDRESS	326 HUME ST NE	
CITY-ST-ZIP	CANTON OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Charles DeVittorio	
13 STREET ADDRESS	35 LOVEN RD	
14 CITY-ST-ZIP	LATROBE PA 15658	
21 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	HAAS SAGE	
23 STREET ADDRESS	3701 MARKET AVE. N.	
24 CITY-ST-ZIP	CANTON OH 44714	
31 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	JAMES BUCCI	
33 STREET ADDRESS	426 HIGHT ST	
34 CITY-ST-ZIP	DERRY PA 15627	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James DeBuen* Treasurer 1996-06-18 (412) 532-6392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (3/96)