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FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/11/1957**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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: **CT CORPORATION SYSTEM**

82 Street Address (P.O. Box Number is Not Acceptable): **1200 S. PINE ISLAND ROAD**

83

84 City: **PLANTATION** FL 85 Zip Code: **33324**

11. Pursuant to the provisions of Sections 607.0407 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 provisions of, Section 607.0405, Florida Statutes.

SIGNATURE: *Lisa K. Pastor* **LISA K. PASTOR, Assistant Secy. 5-28-98**

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DE'VIRGILIO, CHARLES	
STREET ADDRESS	35 CAVEN RD	
CITY-ST-ZIP	LATROBE 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	P	<input type="checkbox"/> DELETE
NAME	SACK, HANS	
STREET ADDRESS	3701 MARKET AVE N	
CITY-ST-ZIP	LANTON OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BUCCI, JAMES	
STREET ADDRESS	426 HIGH ST	
CITY-ST-ZIP	DERRY 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	328 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	R. SCOTT WHITE	
13 STREET ADDRESS	322 SATINWOOD DR.	
14 CITY-ST-ZIP	GREENSBURG PA 15601	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
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		

10/9/5

DED. \$191.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lisa K. Pastor* **LISA K. PASTOR, Assistant Secy. 5-28-98**

CR2E034 (10/97)