

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90024 037 ***550.00

DOCUMENT # 812066

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/11/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				25-0610595	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 - May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, R. SCOTT	1.2 NAME	Bowling, B. J.
STREET ADDRESS	322 SATINWOOD DRIVE	1.3 STREET ADDRESS	7529 BETHANY CIRCLE NW
CITY-ST-ZIP	GREENSBURG PA 15601	1.4 CITY-ST-ZIP	NORTH CANTON, OH 44720
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMKEN, W.R., JR.	2.2 NAME	
STREET ADDRESS	2321 BRENTWOOD RD.,N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON, OH 00000	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACK, HANS	3.2 NAME	
STREET ADDRESS	3701 MARKET AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTON OH	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCCI, JAMES	4.2 NAME	
STREET ADDRESS	426 HIGH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DERRY PA	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOT, J F JR	5.2 NAME	
STREET ADDRESS	2826 COVENTRY LN.,N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON,OH 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, L.R.	6.2 NAME	
STREET ADDRESS	326 HUME ST NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON OH	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: [Signature] TREASURER Date: _____ Daytime Phone #: (724) 532-6392

CR2E034 (11/98)