

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 815575 1. Entity Name COMMERCIAL METALS COMPANY	
--	---

Principal Place of Business 6565 N. MACARTHUR BLVD SUITE 800 IRVING, TX 75039	Mailing Address POB 1046 DALLAS, TX 75221
---	---



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-0725338	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
--

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

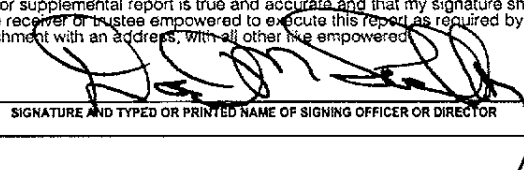
9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEDERLE, LOUIS 6565 N MACARTHUR BLVD, SUITE 800 IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARSON, WILLIAM 6565 N MACARTHUR BLVD, SUITE 800 IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUDBURY, DAVID 6565 N MACARTHUR BLVD, SUITE 800 IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RABIN, STANLEY 6565 N MACARTHUR BLVD, SUITE 800 IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, MOSES 6565 N MACARTHUR BLVD, SUITE 800 IRVING, TX 75039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000001394932
01/26/06-80030-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes; I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **David M. Sudbury** 1/17/06 214/689-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #