

2007 FOR PROFIT CORPORATION ANNUAL REPORT

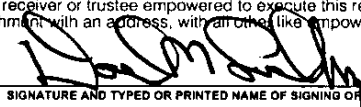
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Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90181 005 ***150.00

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01092007 Chg-P CR2E034 (12/06)

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEDERLE, LOUIS 6565 N MACARTHUR BLVD, SUITE 800 IRVING, TX 75039 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARSON, WILLIAM 6565 N MACARTHUR BLVD, SUITE 800 IRVING, TX 75039 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUDBURY, DAVID 6565 N MACARTHUR BLVD, SUITE 800 IRVING, TX 75039 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RABIN, STANLEY 6565 N MACARTHUR BLVD, SUITE 800 IRVING, TX 75039 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McClellan, Murray 6565 N. MacArthur Blvd., Suite 800 Irving, TX 75039 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, MOSES 6565 N MACARTHUR BLVD, SUITE 800 IRVING, TX 75039 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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		01/10/07 (214) 689-4300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	