

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90126 022 ***150.00

*PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F96000003562

1. Corporation Name
FRY'S METALS INC.

Principal Place of Business % COOKSON AMERICA 1 COOKSON PL PROVIDENCE RI 02903	Mailing Address % COOKSON AMERICA 1 COOKSON PL PROVIDENCE RI 02903
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 07/11/1996	Applied For Not Applicable
4. FEI Number 06-1008504	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**CT CORPORATION
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	SHARPE, RAYMOND P	
STREET ADDRESS	% COOKSON AMERICA, 1 COOKSON PL	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ZERFOSS, DAVID B	
STREET ADDRESS	% ALPHA METALS, 600 ROUTE 440	
CITY-ST-ZIP	JERSEY CITY NJ 07304	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KUREC, HARRY	
STREET ADDRESS	% FRY METALS, 4100 SIXTH AVENUE	
CITY-ST-ZIP	ALTOONA PA 16602	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'SULLIVAN, WARREN	
STREET ADDRESS	% ALPHA FRY GROUP, TANDEM HOUSE	
CITY-ST-ZIP	MARLOWE WAY, CROYDON, U.K.	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GLEIM, RICHARD R	
STREET ADDRESS	600 ROUTE 440	
CITY-ST-ZIP	JERSEY CITY NJ 07304	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CAPRIO, FRANK T	
STREET ADDRESS	% COOKSON AMERICA, 1 COOKSON PL	
CITY-ST-ZIP	PROVIDENCE RI 02903	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mark A. Dingley	
1.3 STREET ADDRESS	One Cookson Place	
1.4 CITY-ST-ZIP	Providence, RI 02903	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stuart L. Daniels	
2.3 STREET ADDRESS	One Cookson Place	
2.4 CITY-ST-ZIP	Providence, RI 02903	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stuart L. Daniels	
3.3 STREET ADDRESS	One Cookson Place	
3.4 CITY-ST-ZIP	Providence, RI 02903	
4.1 TITLE	AS'D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert R. Landry	
4.3 STREET ADDRESS	One Cookson Place	
4.4 CITY-ST-ZIP	Providence, RI 02903	
5.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John H. Doherty	
5.3 STREET ADDRESS	One Cookson Place	
5.4 CITY-ST-ZIP	Providence, RI 02903	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Mark A. Dingley Mark A. Dingley, Secretary Date: 1/15/99 Daytime Phone #: 401-521-1000

CR2E034 (11/98)