2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2008 8:00 am Secretary of State

3/21/08

4:0) 208 3550

DOCUMENT # F9700003309 1. Entity Name DYNAMET INCORPORATED								04-03-2008	90021 ()29 ***15	0.00
Principal Place of Business 195 MUSEUM RD. WASHINGTON, PA 15301				Mailing Address P O BOX 14662 READING, PA 19612-4662							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03202008	Chg-P	CR2E(034 (12/06)	
City & State			City & State				4. FEI Number 23-2882			<u> </u>	optied For ot Applicable
Zip	Country			Zip Cour		itry	5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						Street Address (P.O. Box Numbe	r is Not Acceptable)		
PLANTATION, FL 33324										<u></u>	
						City			FL	Zip Code	9
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 lifte if applicable. (NOTE: Registered Agent signature required v									DATE		
					tribution.		00 May Be ed to Fees				
10.	Р	OFFICERS AND				. 1	ADDITIONS/0	CHANGES TO OFFI	CERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	KAMON, I			☐ Defete						☐ Change	☐ Addition
TITLE NAME	VP SMITH, DAVID L			Delete	TITL	E		·		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	101 W. BE READING	RN ST. , PA 19601				E1 ADDRESS -S1-ZIP					ı
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VPS CHRISTIANSEN, DAVID A 1758 THISTLE WAY MALVERN, PA 19355						ч			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PULSAKI, 317 FAIR			☐ Deleie						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VASQUEZ 17 CARMI SINKING			☐ Oclete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O BOX	LL, JOSEPH P 14662 , PA 19612		☐ Delete						☐ 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 of visite 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 affactment with an address, with all other like empowered.											