

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:37

DOCUMENT # **P05066 (6)**
1. Corporation Name
REYNOLDS FASTENERS, INC.

Principal Place of Business Mailing Address
120 CLOVER PLACE RARITAN CENTER EDISON, NJ. 08837 **120 CLOVER PLACE RARITAN CENTER EDISON, NJ. 08837**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/20/1985** 3a. Date of Last Report **03/25/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1000 Six PPG Place** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **c/o Allegheny Ludlum Corporation** 27
City & State City & State
23 **Pittsburgh, PA** 28
Zip Country Zip Country
24 **15222** 29 **USA** 30

4. FEI Number **11-2724290** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 _____
Signature: typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGGERTY, DONALD	1.2 NAME	
STREET ADDRESS	120 CLOVER PL RARITAN	1.3 STREET ADDRESS	
CITY - ST - ZIP	EDISON, NJ.	1.4 CITY - ST - ZIP	
TITLE	SVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, J.D.	2.2 NAME	
STREET ADDRESS	SIX PPG PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURG PA	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILLIVRAY, B.A.	3.2 NAME	
STREET ADDRESS	SIX PPG PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURG PA	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURDY, J.L.	4.2 NAME	
STREET ADDRESS	SIX PPG PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURG PA	4.4 CITY - ST - ZIP	
TITLE	CD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONSON, A.H.	5.2 NAME	
STREET ADDRESS	SIX PPG PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURG PA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Stephon W. Boocock **Stephon W. Boocock** 5/23/95 (412) 394-2820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR