

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

FILED
Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 819090 (2)
1. Corporation Name
AMERICAN STEEL AND ALUMINUM CORPORATION



Principal Place of Business
% UNITED STEEL & ALUMINUM CORP.
1050 UNIVERSITY AVENUE
NORWOOD MA 02062

Mailing Address
% UNITED STEEL & ALUMINUM CORP.
1050 UNIVERSITY AVENUE
NORWOOD MA 02062-2644

3. Date Incorporated or Qualified 10/14/1965
3a. Date of Last Report 02/13/1996
4. FEI Number 22-1802086
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

2. Principal Place of Business
21 831 Bear Tavern Road
26 Suite, Apt. #, etc.
27 City & State
23 W. TRENTON NJ
24 08628-1020 25 Country
29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
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
85 Zip Code FL

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 fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> DELETE
NAME	BALBONI, PETER V
STREET ADDRESS	150 ANAWAN RD
CITY-ST-ZIP	NO ATTLEBORO, MA 00000
TITLE	CECD <input checked="" type="checkbox"/> DELETE
NAME	LOWENSTEIN, ALAN
STREET ADDRESS	285 NO RIDGEWOOD RD
CITY-ST-ZIP	SO ORANGE, NJ 00000
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	LOWENSTEIN, AMY
STREET ADDRESS	285 NO RIDGEWOOD RD
CITY-ST-ZIP	SO ORANGE, NJ 00000
TITLE	CBD <input checked="" type="checkbox"/> DELETE
NAME	FORSYTH, BRUCE G
STREET ADDRESS	3 ABBOTT RD
CITY-ST-ZIP	LEXINGTON, MA 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	HAAS, WALTER G
STREET ADDRESS	89 OLD NO RD
CITY-ST-ZIP	POCASSET, MASS 00000
TITLE	ATAS <input type="checkbox"/> DELETE
NAME	HANNER, PAMELA
STREET ADDRESS	2 BIGELOW RD
CITY-ST-ZIP	SOUTHBOROUGH MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peter V. Balboni
1.3 STREET ADDRESS	150 Anawan Road
1.4 CITY-ST-ZIP	No. Attleboro, MA 02760
2.1 TITLE	Chairman of the Board, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D. Bryan Jones
2.3 STREET ADDRESS	428 Morrison
2.4 CITY-ST-ZIP	Town of Mount Royal, Quebec, Canada H3R 1L1
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Christopher Pickwood
3.3 STREET ADDRESS	363 Redfern
3.4 CITY-ST-ZIP	Montreal, Quebec, Canada H3Z 2G4
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Walter G. Haas
5.3 STREET ADDRESS	89 Old North Road
5.4 CITY-ST-ZIP	Pocasset, MA 02559
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 do 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.

SIGNATURE: *Pamela A. Hanner* Assistant Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pamela A. Hanner Date Daytime Phone: 617 762-0123

CR2E034 (9/96)