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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 819090

1. Corporation Name

AMERICAN STEEL AND ALUMINUM CORPORATION

Principal Place of Business	Mailing Address
831 BEAR TAVERN RD W TRENTON NJ 08628-1020 US	% UNITED STEEL & ALUMINUM CORP. 1050 UNIVERSITY AVENUE NORWOOD MA 02062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/14/1965

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)

4. FEI Number: 22-1802086 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BALBONI, PETER V		1.2 NAME	
STREET ADDRESS	150 ANAWAN RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	NO ATTLEBORO, MA 00000		1.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, D BRYAN		2.2 NAME	
STREET ADDRESS	428 MORRISON		2.3 STREET ADDRESS	
CITY-ST-ZIP	TOWN OF MOUNT ROYAL QU		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PICKWOAD, CHRISTOPHER		3.2 NAME	
STREET ADDRESS	363 REDFERN		3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL QU		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHAW, STEPHEN		4.2 NAME	
STREET ADDRESS	228 BRUTON		4.3 STREET ADDRESS	
CITY-ST-ZIP	BEACONSFIELD QU H9W1N		4.4 CITY-ST-ZIP	
TITLE	ATAS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HANNER, PAMELA		5.2 NAME	
STREET ADDRESS	2 BIGELOW RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHBOROUGH MA		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: [signature] 1/27/99 781 762-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)