2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 21, 2005 8:00 am Secretary of State **DOCUMENT #358169** 01-21-2005 90056 041 ***150.00 1. Entity Name **FOOTE STEEL CORPORATION** Principal Place of Susiness Mailing Address DUGGGGG PO BOX 607736 6635 EDGEWATER DRIVE ORLANDO, FL 32860-7736 US ORLANDO, FL 32810 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 59-1280711 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ... Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOOTE, GEORGE E #1 DOWN DRIVE WINDERMERE, FL 32786 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. (NOTE: Registered Agent signature required when re 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition CD TITLE TITLE Delete Change beorgiana 6. tode FOOTE, GEORGE E NAME #1 DOWN DRIVE STREET ADDRESS 1100 5 Delaney STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL CITY-ST-ZIP Delete TITLE Addition TITLE Change NAME FOOTE, PHYLLIS J NAME #1 DOWN DRIVE STREET ADDRESS STREET ADDRESS 308 & 3ND CITY - ST - ZIP WINDERMERE, FL CITY-ST-ZIP ☐ Delete TITLE Addition FOOTE, GEORGE E. JR. ---NAME . NAME -STREET ADDRESS 6635 EDGEWATER DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-7IP ☐ Detete TITLE ☐ Change ☐ Addition TITLE STEWART, GEORGE T JR NAME 6635 EDGEWATER DR. STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP ORLANDO, FL 32810 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 or trustee 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 attachment with an address, with all other like empowered.

FILED