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

**CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**19**98 DOCUMENT #

810989

(4)

J. M. TULL METALS COMPANY, INC.

**FILED** Apr 23 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  |   |   |                         |                    | T 100164 Maidh fillin dhaid iaidh (ainn ina) aidh didh aidh aidh aidh aidh aidh aidh                       |
|--|---|---|-------------------------|--------------------|--|
| 4400 PEACHTREE INDUSTRIAL BLYD 30 WEST MONROE STREET   |   |   |                         |                    |  |
| NORCROSS   | S GA <b>30</b> 071                        | TAX DIVISION 6-017                      |                         |                    | DO NOT WRITE IN THIS SPACE   |
|  |   | CHICAGO IL 60603<br>US                  |                         |                    | 3. Date Incorporated or Qualified  |
|  |   | •                                       |                         |                    | 01/01/1956   |
| 2. Principal Place of Business 2a. Mailing Address   |   |   |                         |                    | 4. FEI Number Applied For  |
| 21   |   | 26                                      | -                       |                    | 58-0466720 Not Applicable  |
| Sulte, Apt. #, etc.  |   | Suite, Apt. #. etc.                     |                         |                    | 5 Cortificate of Status Desired \$8.75 Additional  |
| 22   |   | 27                                      |                         |                    | Fee Hequired   |
| Uny & State  |   | City & State                            | <u>├</u> ¬ ′            |                    | 6. Election Campaign Financing \$5.00 May Be   |
| <b>23</b> Zip  | Zip Country Zip                           |   | Country                 |                    | Trust Fund Contribution  |
| 24<br>24   | 25  | <u> </u>                                | 30                      |                    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| [24]   | 9. Name and Address of Curre              |   | <u>''</u>               |                    | 10. Name and Address of New Registered Agent   |
| CT CORPORATION SYSTEM  |   |   |                         | Name               | 9  |
| 1200 S. PINE ISLAND ROAD   |   |   | 82                      | Street             | t Address (P.O. Box Number is Not Acceptable)  |
|  | PLANTATION FL 33324                       |   |                         | ONCOL              | TABLESS (F.S. Box Number is 110) Tosephasicy   |
|  | £   |   | 83                      |                    |  |
| :  |   |   | 84                      | City               | 85 Zip Code  |
|  | <u>:</u>                                  |   |                         | ′                  |  |
| 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. |   |   |                         |                    |  |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  |   |   |                         |                    |  |
| SIGNATURE Stansture, typed or printed name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating)  DATE  |   |   |                         |                    |  |
| 12.  |   | ND DIRECTORS                            | 13.                     | en; signature      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE  | D   | DELETE                                  | 1.1 TITLE               |                    | Change Addition  |
| NAME   | DARNALL, R.J.                             |   | 1.2 NAME                |                    |  |
| STREET ADDRES  | s 30 W. MONROE STREET                     |   | 1.3 STREE               | T ADDRESS          |  |
| CITY-ST-ZIP  | CHICAGO IL 1.4                            |   | 1.4 CITY-               | ST-ZIP             |  |
| TITLE  | 8   | X DELETE                                | 2.1 TITLE               |                    | SECRETARY Change Addition CHARLES B. SALWHTZ 30 WEST MONROE STREET   |
| NAME   | LEVINSKY, B.                              |   | 2.2 NAME C              |                    | CHARLES B. SALOWITZ  |
| STREET ADDRES  |   |   | 2.3 STREET ADDRESS      |                    | 30 WEST MONROE STREET  |
| CITY-ST-ZIP  |   |   | 2. 4 CITY -             | ST-ZIP             | CHICAGO, IL 60603  |
| TITLE  |   |   | 3.1 TITLE               |                    | Change Addition  |
| NAME   | A400 BEACHTDEE INDUSTRIAL DIVID           |   | 3.2 NAME                |                    |  |
| STREET ADDRES  | NODODOCC CA                               |   |                         | T ADDRESS          | ·  |
| CITY-ST-ZIP  |   |   | 3.4. CITY-<br>4.1 TITLE | ST-ZIP             | Change Addition  |
| TITLE<br>NAME  | AVRIL, V.L.                               |   |                         |                    |  |
| STREET ADDRES  | AN INFOX MONDOE OTDEET                    |   | 4. 2 NAME<br>4.3 STREE  | T ADDRESS          | ,  |
| CITY-ST-ZIP  | CHICAGO IL                                |   | 4.4 CHTY-               |                    |  |
| TITLE  | C   | DELETE                                  | 5.1 TITLE               | - : <del>- :</del> | Change Addition  |
| NAME   |   |   | 5.2 NAME                |                    |  |
| STREET ADDRES  | REET ADDRESS 4495 QUARTER HORSE DR        |   | 5.3 STREET ADDRESS      |                    | ,  |
| CITY+ST-ZIP  | ROSWELL GA                                |   | 5.4 CITY-               | ST-2IP             |  |
| TITLE  | V   | ☐ DELETE                                | 6.1 TITLE               |                    | Change Addition  |
| NAME   |   |   | 6.2 NAME                |                    |  |
| STREET ADDRES  | ALDIANDERTA OL                            |   | 6.3 STREE               | T ADDRESS          |  |
| CITY-ST-ZIP  | ALPHARETTA GA                             |   | 6.4 CITY-               | ST - ZIP           | 1 10 20 140 25(0)/2 51 11 20 11 11 11 11 11 11 11 11 11  |
| <b>14.</b>   hereb   | y certify that the information supplied v | with this filing does not qualify for t | ne exemp                | otion state        | ated 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.

312-346-0300