


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 810989</b>	
1. Entity Name <b>J. M. TULL METALS COMPANY, INC.</b>	

Principal Place of Business <b>2621 WEST 15TH PLACE CHICAGO, IL 60608</b>	Mailing Address <b>2621 WEST 15TH PLACE CHICAGO, IL 60608</b>
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04072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-0466720</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S.PINE ISLAND ROAD PLANTATION, FL 33324</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRATZ, JAY M 2621 W. 15TH PLACE CHICAGO, IL 60608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOWLING, VIRGINA M 2621 W. 15TH PLACE CHICAGO, IL 60608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MAKAREWICZ, STEPHEN E 2621 WEST 15TH PLACE CHICAGO, IL 60608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, TERENCE R 2621 WEST 15TH PLACE CHICAGO, IL 60608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATS NICOL, JOHN C 4400 PEACHTREE INDUSTRIAL BLVD NORCROSS, GA 30071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BEAUDET, LAURIE 2621 WEST 15TH PLACE CHICAGO, IL 60608

<p>UG0000304401 04/14/05-80041-006 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. 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 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.

**SIGNATURE:** Laurie H. Beaudet **4/7/05** **773-788-3722**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #