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Feb 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 # 812066

(9)

1. Corporation Name

LATROBE STEEL COMPANY

Principal Place of Business

2626 S LIGONIER STREET
LATROBE PENNSYLVANIA 15650

Mailing Address

2626 S LIGONIER STREET
LATROBE PENNSYLVANIA 15650-3246

3. Date Incorporated or Qualified

07/11/1957

3a. Date of Last Report

06/25/1996

4. FEI Number

25-0610595

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME DE'VIRGILIO, CHARLES
STREET ADDRESS 35 CAVEN RD
CITY - ST - ZIP LATROBE PA

TITLE D ☐ DELETE
NAME TIMKEN, W.R., JR.
STREET ADDRESS 2321 BRENTWOOD RD.,N.W.
CITY - ST - ZIP CANTON, OH 00000

TITLE P ☐ DELETE
NAME SACK, HANS
STREET ADDRESS 3701 MARKET AVE N
CITY - ST - ZIP LANTON OH

TITLE T ☐ DELETE
NAME BUCCI, JAMES
STREET ADDRESS 426 HIGH ST
CITY - ST - ZIP DERRY PA

TITLE D ☐ DELETE
NAME TOOT, J F JR
STREET ADDRESS 2826 COVENTRY LN.,N.W.
CITY - ST - ZIP CANTON, OH 00000

TITLE D ☐ DELETE
NAME BROWN, L.R.
STREET ADDRESS 326 HUME ST NE
CITY - ST - ZIP CANTON OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)