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Jun 09, 1999 8:00 am

Secretary of State

06-09-1999 90024 037 \*\*\*550.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 812066**

1. Corporation Name

LATROBE STEEL COMPANY

Principal Place of Business		Mailing Address					f 198501 fiten 11010 (tall anno must diet eine arbei afen atus ment einer einer	· <b>I</b> II	
'		2626 S LIGONIER STREET							
2626 S LIGONIER STREET LATROBE PENNSYLVANIA 15650		LATROBE PENNSYLVANIA 15650					_		
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed	ì	
						_	07/11/1957		
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number Applied For		
21		26					25-0610595 Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additiona		
22		27					5. Certificate of Status Desired Fee Required		
City & State	)	City & State					6. Election Campaign Financing \$5:00 May Be	- 1	
23		28					Trust Fund Contribution Added to Fees		
Zip	Country	Zip	_	Coun	try		This corporation owes the current year Intangible		
24	25	29	36	0			Personal Property Tax.		
	9. Name and Address of Current	Registered Ag	ent				10. Name and Address of New Registered Agent	$\dashv$	
				18	81	Name			
CT CORPORATION SYSTEM				1	82	Street A	Address (P.O. Box Number is Not Acceptable)	$\neg$	
1200 S. PINE ISLAND ROAD				<b>-</b> -	0000				
PLANTATION FL 33324			[1	83					
			L	-		85 Zip Code	$\dashv$		
				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: Reg				egistered A	gistered Agent signature required w		required when reinstating) DATE	}	
12.	OFFICERS AND				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2	
TITLE	S	DELETE		1.1 TITLE			① . □ Change 🔀 Add	lition	
NAME	WHITE, R. SCOTT	R SCOTT		1.2 NAME Bo			Bowling, B. J.	ļ	
STREET ADDRESS	322 SATINWOOD DRIVE		1.3 STREET ADDRESS 75		ADDRESS	BOWLING , B. J. 7529 BETHANY CIRCLE NW			
	GREENSBURG PA 15601		14 CITY-ST-ZIP			NOATH CANTON, OH 44720			
CITY-ST-ZIP	D	DELETE		2.1 TITLE		<u></u>	☐ Change ☐ Adi	ition	
NAME	TIMKEN, W.R., JR.			2.2 NAME		\			
!!	321 BRENTWOOD RD.,N.W.		2.3 STREET ADDRESS		ANDRESS				
STREET ADDRESS	CANTON, OH 00000		2.4 CITY-ST-ZIP						
CITY-ST-ZIP	p	☐ DELETE		3.1 TITLE		- 111	☐ Change ☐ Add	lition	
NAME	SACK, HANS			3.2 NAM	3.2 NAME			- !	
STREET ADDRESS	3701 MARKET AVE N			3.3 STREET ADDRESS		ADDRESS			
	••••••••••••••••••••••••••••••••••••••				3.4. CITY- ST- ZIP				
CITY-ST-ZIP	LANTON OH			_	4.1 TITLE		☐ Change ☐ Ad	dition	
	<b>'</b>		4.2 NAME						
NAME	BUCCI, JAMES			4.3 STREET ADDRESS					
STREET ADDRESS			1	i Y					
CITY-ST-ZIP	DERRY PA		4.4 CITY-ST-ZIP		-ZIP				

**CANTON OH** CITY-ST-ZIP 14. 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TOOT, J F JR

BROWN, L.R.

2826 COVENTRY LN., N.W.

CANTON,OH 00000

326 HUME ST NE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X** DELETE

□ DELETE

TREASURER

(724) 532 - 6392

Change

Addition

Addition