

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

FILED
May 02 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 # 814482 (6)
1. Corporation Name
ARMCO INC.



Principal Place of Business
301 GRANT STREET
ONE OXFORD CENTER
PITTSBURGH PA 15219

Mailing Address
301 GRANT STREET
ONE OXFORD CENTER
PITTSBURGH PA 15219-1407

3. Date Incorporated or Qualified
06/13/1960

3a. Date of Last Report
04/12/1996

4. FEI Number
31-0200500

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.
22 City & State
23 Zip
24 15219-1415 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 15219-1415 30 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
85 Zip Code
FL

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 | P | WILL, JAMES F. | <input type="checkbox"/> DELETE |
| NAME | | 300 INTER PACE PKWY | |
| STREET ADDRESS | | PARSIPPANY NJ | |
| CITY - ST - ZIP | | | |
| TITLE | PD | WILL, JAMES F | <input checked="" type="checkbox"/> DELETE |
| NAME | | 301 GRANT ST ONE OXFORD CENTRE | |
| STREET ADDRESS | | PITTSBURGH PA 15 | |
| CITY - ST - ZIP | | | |
| TITLE | V | CORRY, JOHN R | <input checked="" type="checkbox"/> DELETE |
| NAME | | 301 GRANT ST ONE OXFORD CENTRE | |
| STREET ADDRESS | | PITTSBURGH PA 15 | |
| CITY - ST - ZIP | | | |
| TITLE | VS | HILDRETH, GARY R | <input type="checkbox"/> DELETE |
| NAME | | 301 GRANT ST ONE OXFORD CENTRE | |
| STREET ADDRESS | | PITTSBURGH PA 15 | |
| CITY - ST - ZIP | | | |
| TITLE | D | BURNS, JOHN J JR | <input checked="" type="checkbox"/> DELETE |
| NAME | | 301 GRANT ST ONE OXFORD CENTRE | |
| STREET ADDRESS | | PITTSBURGH PA 15 | |
| CITY - ST - ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-------------------------------|--|
| 1.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | JAMES F. WILL | |
| 1.3 STREET ADDRESS | ONE OXFORD CTR, 301 GRANT ST. | |
| 1.4 CITY - ST - ZIP | PITTSBURGH PA 15219-1415 | |
| 2.1 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | JAMES L. BERTSCH | |
| 2.3 STREET ADDRESS | ONE OXFORD CTR, 301 GRANT ST. | |
| 2.4 CITY - ST - ZIP | PITTSBURGH PA 15219-1415 | |
| 3.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | JERRY W. ALBRIGHT | |
| 3.3 STREET ADDRESS | ONE OXFORD CTR, 301 GRANT ST. | |
| 3.4 CITY - ST - ZIP | PITTSBURGH PA 15219-1415 | |
| 4.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | GARY R. HILDRETH | |
| 4.3 STREET ADDRESS | ONE OXFORD CTR, 301 GRANT ST. | |
| 4.4 CITY - ST - ZIP | PITTSBURGH PA 15219-1415 | |
| 5.1 TITLE | AS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | SCOTT H. BEEKEN | |
| 5.3 STREET ADDRESS | ONE OXFORD CTR, 301 GRANT ST. | |
| 5.4 CITY - ST - ZIP | PITTSBURGH PA 15219-1415 | |
| 6.1 TITLE | AT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | PAUL L. SMITH | |
| 6.3 STREET ADDRESS | ONE OXFORD CTR, 301 GRANT ST. | |
| 6.4 CITY - ST - ZIP | PITTSBURGH PA 15219-1415 | |

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: *Paul L. Smith* PAUL L. SMITH, ASS'T. TREASURER (412) 255-9895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)