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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 13 1996 8:00 am
Secretary of State

DOCUMENT # **819090** **(2)**

1. Corporation Name

AMERICAN STEEL AND ALUMINUM CORPORATION

Principal Place of Business	Mailing Address
% UNITED STEEL & ALUMINUM CORP. 1050 UNIVERSITY AVENUE NORWOOD MA 02062	% UNITED STEEL & ALUMINUM CORP. 1050 UNIVERSITY AVENUE NORWOOD MA 02062

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified: **10/14/1965**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **22-1802086** ☐ 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

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 Section 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD NAME: BALBONI, PETER V STREET ADDRESS: 150 ANAWAN RD CITY-ST-ZIP: NO ATTLEBORO, MA 00000	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: CECD NAME: LOWENSTEIN, ALAN STREET ADDRESS: 285 NO RIDGEWOOD RD CITY-ST-ZIP: SO ORANGE, NJ 00000	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: S NAME: LOWENSTEIN, AMY STREET ADDRESS: 285 NO RIDGEWOOD RD CITY-ST-ZIP: SO ORANGE, NJ 00000	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: CBD NAME: FORSYTH, BRUCE G STREET ADDRESS: 3 ABBOTT RD CITY-ST-ZIP: LEXINGTON, MA 00000	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: PD NAME: HAAS, WALTER G STREET ADDRESS: 89 OLD NO RD CITY-ST-ZIP: POCASSET, MASS 00000	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: ATAS NAME: HANNER, PAMELA STREET ADDRESS: 2 BIGELOW RD CITY-ST-ZIP: SOUTHBOROUGH MA	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by this report.

SIGNATURE: _____ Asst. Treasurer 2/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

617 762-
Daytime Phone #

Pamela Hanner

CR2E034 (12/95)