

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90130 049 ***150.00

DOCUMENT # 819090

1. Corporation Name

AMERICAN STEEL AND ALUMINUM CORPORATION

Principal Place of Business

831 BEAR TAVERN RD
W TRENTON NJ 08628-1020
US

Mailing Address

% UNITED STEEL & ALUMINUM CORP.
1050 UNIVERSITY AVENUE
NORWOOD MA 02062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1965

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE
NAME BALBONI, PETER V
STREET ADDRESS 150 ANAWAN RD
CITY-ST-ZIP NO ATTLEBORO, MA 00000

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

CD ☐ DELETE
NAME JONES, D BRYAN
STREET ADDRESS 428 MORRISON
CITY-ST-ZIP TOWN OF MOUNT ROYAL QU

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

S ☐ DELETE
NAME PICKWOOD, CHRISTOPHER
STREET ADDRESS 363 REDFERN
CITY-ST-ZIP MONTREAL QU

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

P ☐ DELETE
NAME SHAW, STEPHEN
STREET ADDRESS 228 BRUTON
CITY-ST-ZIP BEACONSFIELD QU H9W1N

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

ATAS ☐ DELETE
NAME HANNER, PAMELA
STREET ADDRESS 2 BIGELOW RD
CITY-ST-ZIP SOUTHBOROUGH MA

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

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

781 762-0123

Daytime Phone #

CR2E034 (11/98)