

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819090

1. Entity Name

AMERICAN STEEL AND ALUMINUM CORPORATION

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90017 018 ***150.00

Principal Place of Business

Mailing Address

831 BEAR TAVERN RD
W TRENTON NJ 08628-1020
US

% UNITED STEEL & ALUMINUM CORP.
1050 UNIVERSITY AVENUE
NORWOOD MA 02062-2644

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-1802086

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pamela A. Hanner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant
Secretary

1/26/00

781 762-0123

Date

Daytime Phone #

CR2E034 (9/99)