

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED:
AND
FILED

50 MAY -1 AM 1996

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # 850303

(9)

WM. R. HUBBELL STEEL CORPORATION

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 11305 FRANKLIN AVENUE FRANKLIN PARK IL 60131 US		2a. Mailing Address 11305 FRANKLIN AVENUE FRANKLIN PARK IL 60131 US		3. Date first reported or created 09/08/1981	3a. Date of last report 08/08/1994
2. Principal Executive Officers 21. State Apt # 100 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State Apt # 100 27. City & State 28. Zip 29. Country	4. FID Number 36-3088188	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
7. This corporation has liability for interstate tax under S. 199.032, Florida Statutes ☒ Yes ☐ No					

9. Name and Address of Current Registered Agent WALKER, ALFRED L. 750 W MCNAB RD FT. LAUDERDALE FL 33309		10. Name and Address of New Registered Agent B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City B5. Zip Code FL	
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11. Pursuant to the provisions of Sections 601.01 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 regulation of corporations and Florida Statutes.

SIGNATURE

(Signature of Officer or Director who may be typed or printed)

(Signature of Agent or Registered Agent may be typed or printed)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME P WALKER, ALFRED L. 2. STREET ADDRESS BOX 5540 RFD N/A 3. CITY & STATE LONG GROVE IL 4. ZIP CODE		1. NAME ☐ Change ☐ Addition	
1. NAME D FRUMAN, ALBERT 2. STREET ADDRESS 4728 LITTEGATE 3. CITY & STATE BLOOMFIELD HILLS MI 4. ZIP CODE		1. NAME ☐ Change ☐ Addition	
1. NAME D FRUMAN, DALE 2. STREET ADDRESS BOX 131 HILCREST DR RT 3 3. CITY & STATE EXPORT PA 4. ZIP CODE		1. NAME ☐ Change ☐ Addition	
1. NAME D FRUMAN, LEE 2. STREET ADDRESS 24670 S. CROMWELL 3. CITY & STATE FRANKLIN MI 4. ZIP CODE		1. NAME ☐ Change ☐ Addition	
1. NAME D FRUMAN, MARSHALL 2. STREET ADDRESS 202 COVE LAKE ROAD 3. CITY & STATE LONGWOOD FL 4. ZIP CODE		1. NAME ☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct. I further certify that the information included on the annual report or supplementary annual report is true and correct and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the recipient of a notice of compliance, I agree to the report as prepared by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or is an addition thereto.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

KYLE D. GROVE, TREASURER

4-24-95 (708) 451-9000