

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

FILED

May 15 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 # 850303 (9)

1. Corporation Name
WM. R. HUBBELL STEEL CORPORATION

Principal Place of Business
11305 FRANKLIN AVENUE
FRANKLIN PARK IL 60131
US

Mailing Address
3556 LAKESHORE RD.
BUFFALO NY 14219-1400
US



3. Date Incorporated or Qualified 09/08/1981
3a. Date of Last Report 05/01/1996

4. FEI 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

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 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

TITLE P
NAME WALKER, ALFRED L
STREET ADDRESS BOX 5540 RFD N/A
CITY-ST-ZIP LONG GROVE IL ☐ DELETE

TITLE EVP
NAME APAN, NICK
STREET ADDRESS 11305 FRANKLIN AVE.
CITY-ST-ZIP FRANKLIN PARK IL ☐ DELETE

TITLE S
NAME RIDDER, JOELLEN
STREET ADDRESS 11305 FRANKLIN AVE.
CITY-ST-ZIP FRANKLIN PARK IL ☐ DELETE

TITLE T
NAME GROVE, KYLE D
STREET ADDRESS 11305 FRANKLIN AVE.
CITY-ST-ZIP FRANKLIN PARK IL ☐ DELETE

TITLE AST
NAME ERAZMUS, WALTER T
STREET ADDRESS 3556 LAKESHORE RD.
CITY-ST-ZIP BUFFALO NY ☐ DELETE

TITLE D
NAME LIPKE, BRIAN J
STREET ADDRESS 3556 LAKESHORE RD.
CITY-ST-ZIP BUFFALO NY ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ASSISTANT SECRETARY ☒ Change ☐ Addition

ASSISTANT TREASURER ☒ Change ☐ Addition

SECRETARY/TREASURER ☒ Change ☐ Addition

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, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

716-826-6500

Date Daytime Phone #

CR2E034 (9/96)