2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 25, 2002 8:00 am Secretary of State F00000005262 DOCUMENT # 09-25-2002 90119 046 ***550.00 STEEL BUILT CORPORATION Principal Place of Business Mailing Address 360 14TH STREET 360 14TH STREET AMBRIDGE PA 15003 AMBRIDGE PA 15003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-2911300 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD TITLE Delete TITLE ☐ Addition ☐ Change NAME DAVIS, ARNOLD NAME STREET ADDRESS 360 14TH STREET STREET ADDRESS CITY-ST-ZIP AMBRIDGE PA 15003 CITY-ST-ZIP **VD** TITLE ☐ Delete ☐ Change ☐ Addition NAME ENGKJER, WAYNE NAME STREET ADDRESS 3431 4TH AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP FARGO ND 58103-2222 CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME DAVIS, SHAWN NAME 3523 WEST HILLSBORO BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442-7404 CITY-ST-7IP TITLE TD ☐ Defete TITLE Change ☐ Addition NAME ENGKJER, GARY NAME **512 CHARTIERS AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MCKEES ROCKS PA 15136-3804 CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP