


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000005447 1. Entity Name TRIUMPH METALS GROUP SALES CO.					
Principal Place of Business 8687 SOUTH 77TH AVENUE BRIDGEVIEW, IL 60455-1891			Mailing Address 1550 LIBERTY RIDGE DRIVE STE 100 WAYNE, PA 19-0875		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALEC, JOHN W		NAME	UN00000154673	
STREET ADDRESS	8687 SOUTH 77TH AVENUE		STREET ADDRESS	05/05/04-80006-023 150.00	
CITY- ST- ZIP	BRIDGEVIEW, IL 604551891		CITY- ST- ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTHOLDSON, JOHN R		NAME		
STREET ADDRESS	1550 LIBERTY RIDGE DRIVE STE 100		STREET ADDRESS		
CITY- ST- ZIP	WAYNE, PA 19087		CITY- ST- ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EISENSTAEDT, RICHARD M		NAME		
STREET ADDRESS	1550 LIBERTY RIDGE DRIVE STE 100		STREET ADDRESS		
CITY- ST- ZIP	WAYNE, PA 19087		CITY- ST- ZIP		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ILL, RICHARD C		NAME		
STREET ADDRESS	1550 LIBERTY RIDGE DRIVE STE 100		STREET ADDRESS		
CITY- ST- ZIP	WAYNE, PA 19087		CITY- ST- ZIP		
TITLE	AS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINDIG, KEVIN E		NAME		
STREET ADDRESS	1550 LIBERTY RIDGE DRIVE STE 100		STREET ADDRESS		
CITY- ST- ZIP	WAYNE, PA 19087		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.					
SIGNATURE: _____			4/26/04 Date 610-257-1000 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					