

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91147 024 ***150.00

0619802 AT

DOCUMENT # F00000005447

1. Entity Name
TRIUMPH METALS GROUP SALES CO.



Principal Place of Business
**8687 SOUTH 77TH AVENUE
BRIDGEVIEW IL 60455-1891**

Mailing Address
**1255 DRUMMERS LANE
SUITE 200
WAYNE PA 19087**



2. Principal Place of Business

3. Mailing Address

1550 Liberty Ridge Drive.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Wayne, PA

Zip

Country

Zip

Country

19087

USA

4. FEI Number **23-3052701**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MALEC, JOHN W**
STREET ADDRESS **8687 SOUTH 77TH AVENUE**
CITY-ST-ZIP **BRIDGEVIEW IL 60455-1891**

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

TITLE **V** ☐ Delete
NAME **BARTHOLDSON, JOHN R**
STREET ADDRESS **1255 DRUMMERS LANE, SUITE 200**
CITY-ST-ZIP **WAYNE PA 19087**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1550 Liberty Ridge Drive, Suite 100**
CITY-ST-ZIP **Wayne, PA 19087**

TITLE **S** ☐ Delete
NAME **EISENSTAEDT, RICHARD M**
STREET ADDRESS **1255 DRUMMERS LANE, SUITE 200**
CITY-ST-ZIP **WAYNE PA 19087**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1550 Liberty Ridge Drive, Suite 100**
CITY-ST-ZIP **Wayne, PA 19087**

TITLE **CD** ☐ Delete
NAME **ILL, RICHARD C**
STREET ADDRESS **1255 DRUMMERS LANE, SUITE 200**
CITY-ST-ZIP **WAYNE PA 19087**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1550 Liberty Ridge Drive, Suite 100**
CITY-ST-ZIP **Wayne, PA 19087**

TITLE **AS** ☐ Delete
NAME **KINDIG, KEVIN E**
STREET ADDRESS **1255 DRUMMERS LANE, SUITE 200**
CITY-ST-ZIP **WAYNE PA 19087**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1550 Liberty Ridge Drive, Suite 100**
CITY-ST-ZIP **Wayne, PA 19087**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other persons empowered.

SIGNATURE:

SIGNATURE

John R. Bartholdson

4/28/03

610-251-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)