

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000006448

FILED
Jan 30, 2002 8:00 AM
Secretary of State

Entity Name: GERDAU USA INC.

Current Principal Place of Business:

5100 WEST LEMON STREET, SUITE 312
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5100 WEST LEMON STREET, SUITE 312
TAMPA, FL 33609

New Mailing Address:

FEI Number: 51-0394818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: GERDAU JOHANNPETER, JORGE
Address: GERDAU-AV FARRAPOS, 1811
City-St-Zip: PORTO ALEGRE - RS, BRAZIL, RS 90220 BR

Title: PD () Delete
Name: GERDAU JOHANNPETER, FEDERICO C
Address: GERDAU-AV FARRAPOS, 1811
City-St-Zip: PORTO ALEGRE - RS, BRAZIL, RS 90220 BR

Title: TD () Delete
Name: SCHIRMER, OSVALDO B
Address: GERDAU-AV FARRAPOS, 1811
City-St-Zip: PORTO ALEGRE - RS, BRAZIL, RS 90220 BR

Title: VAS () Delete
Name: LANDA, TOM J
Address: 5100 W. LEMON STREET, SUITE 312
City-St-Zip: TAMPA, FL 33609

Title: VAS () Delete
Name: POWELL, ROBERT E
Address: 5100 W. LEMON STREET, SUITE 312
City-St-Zip: TAMPA, FL 33609

Title: SD () Delete
Name: BEEBY, GLEN
Address: 160 ORION PLACE
City-St-Zip: CAMBRIDGE, ONT., CANADA, ON N1T 1R9 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. POWELL

VAS

01/30/2002

Electronic Signature of Signing Officer or Director

Date