

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM  
Secretary of State

DOCUMENT # F02000001423

1. Entity Name  
COMMERCIAL ALLOYS CORPORATION



Principal Place of Business  
1831 E. HIGHLAND RD.  
TWINSBURG, OH 44087

Mailing Address  
1831 E. HIGHLAND RD.  
TWINSBURG, OH 44087



04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-1384252

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PHILLIPS, ED  
5460 HARBOUR CASTLE DRIVE  
FORT MYERS, FL 33907

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MUSARRA, LAWRENCE C  
STREET ADDRESS 1831 EAST HIGHLAND RD.  
CITY-ST-ZIP TWINSBURG, OH 44087

TITLE VSD  
NAME MUSARRA, ANTHONY T  
STREET ADDRESS 1831 EAST HIGHLAND RD.  
CITY-ST-ZIP TWINSBURG, OH 44087

TITLE T  
NAME GLAZER, RONALD S  
STREET ADDRESS 1831 EAST HIGHLAND RD.  
CITY-ST-ZIP TWINSBURG, OH 44087

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/02/05-80093-025 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFO

4/26/05

330/405-5446

X1103