2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003171

1. Entity Name
MACSTEEL INTERNATIONAL USA CORPORATION

Principal Place of Business	Mailing Address
333 WESTCHESTER AVE. S101 WHITE PLAINS, NY 10604	333 WESTCHESTER AVE. S101 WHITE PLAINS, NY 10604

01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3670864
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	LONGCHAMPT, MICHEL
STREET ADDRESS	333 WESTCHESTER AVE. S101
CITY-ST-ZIP	WHITE PLAINS, NY 10604
TITLE	VC
NAME	GERBER, JACK R
STREET ADDRESS	333 WESTCHESTER AVE. S101
CITY-ST-ZIP	WHITE PLAINS, NY 10604
TITLE	DP
NAME	PURPURA, SALVATORE
STREET ADDRESS	333 WESTCHESTER AVE. S101
CITY-ST-ZIP	WHITE PLAINS, NY 10604
TITLE	VP
NAME	ROSNER, MARGO
STREET ADDRESS	333 WESTCHESTER AVE. S101
CITY-ST-ZIP	WHITE PLAINS, NY 10604
TITLE	S
NAME	LOSCOCCO, CECELIA
STREET ADDRESS	333 WESTCHESTER AVE. S101
CITY-ST-ZIP	WHITE PLAINS, NY 10604
TITLE	VP
NAME	MOLINARI, JOSEPH
STREET ADDRESS	333 WESTCHESTER AVE. S101
CITY-ST-ZIP	WHITE PLAINS, NY 10604

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02/06/04-80061-011 150.00

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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 like empowered.

SIGNATURE: JMolinari - Joseph Molinari 1/21/04 914-872-2641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #