

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000003171

1. Entity Name
MACSTEEL INTERNATIONAL USA CORPORATION



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

Mailing Address
**333 WESTCHESTER AVE. S101
WHITE PLAINS, NY 10604**

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

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**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
C
LONGCHAMPT, MICHEL
STREET ADDRESS
333 WESTCHESTER AVE. S101
CITY-ST-ZIP
WHITE PLAINS, NY 10604

TITLE
NAME
VC
GERBER, JACK R
STREET ADDRESS
333 WESTCHESTER AVE. S101
CITY-ST-ZIP
WHITE PLAINS, NY 10604

TITLE
NAME
DP
PURPURA, SALVATORE
STREET ADDRESS
333 WESTCHESTER AVE. S101
CITY-ST-ZIP
WHITE PLAINS, NY 10604

TITLE
NAME
D
ROSNER, MARGO
STREET ADDRESS
333 WESTCHESTER AVE. S101
CITY-ST-ZIP
WHITE PLAINS, NY 10604

TITLE
NAME
S
LOSCOCO, CECILIA
STREET ADDRESS
333 WESTCHESTER AVE. S101
CITY-ST-ZIP
WHITE PLAINS, NY 10604

TITLE
NAME
D
KELLER, THOMAS
STREET ADDRESS
333 WESTCHESTER AVE. S101
CITY-ST-ZIP
WHITE PLAINS, NY 10604

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02/20/07-80007-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/07 914 872 2700