


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000003171 1. Entity Name MACSTEEL INTERNATIONAL USA CORPORATION	
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Principal Place of Business 333 WESTCHESTER AVE. S101 WHITE PLAINS, NY 10604	Mailing Address 333 WESTCHESTER AVE. S101 WHITE PLAINS, NY 10604
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3670864	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 C. Loscocco (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LONGCHAMPT, MICHEL 333 WESTCHESTER AVE. S101 WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GERBER, JACK R 333 WESTCHESTER AVE. S101 WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PURPURA, SALVATORE 333 WESTCHESTER AVE. S101 WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSNER, MARGO 333 WESTCHESTER AVE. S101 WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOSCOCO, CECELIA 333 WESTCHESTER AVE. S101 WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, THOMAS 333 WESTCHESTER AVE. S101 WHITE PLAINS, NY 10604

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02/07/08-80015-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: C. Loscocco C. Loscocco-Secretary 1/23/08 914/8722700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #