2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# F02000003171

Entity Name: MACSTEEL INTERNATIONAL USA CORPORATION

Current Principal Place of Business:

333 WESTCHESTER AVE. S101
WHITE PLAINS, NY 10604

New Principal Place of Business:

333 WESTCHESTER AVE.
SUITE S101
WHITE PLAINS, NY 10604

Current Mailing Address:

333 WESTCHESTER AVE. S101
WHITE PLAINS, NY 10604

New Mailing Address:

333 WESTCHESTER AVE.
SUITE S101
WHITE PLAINS, NY 10604

FEI Number: 13-3670864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: LONGCHAMPT, MICHEL
Address: 333 WESTCHESTER AVE. S101
City-St-Zip: WHITE PLAINS, NY 10604

Title: VC ( ) Delete
Name: GERBER, JACK R
Address: 333 WESTCHESTER AVE. S101
City-St-Zip: WHITE PLAINS, NY 10604

Title: DP ( ) Delete
Name: PURPURA, SALVATORE
Address: 333 WESTCHESTER AVE. S101
City-St-Zip: WHITE PLAINS, NY 10604

Title: D ( ) Delete
Name: ROSNER, MARGO
Address: 333 WESTCHESTER AVE. S101
City-St-Zip: WHITE PLAINS, NY 10604

Title: S ( ) Delete
Name: LOSCOCCO, CECELIA
Address: 333 WESTCHESTER AVE. S101
City-St-Zip: WHITE PLAINS, NY 10604

Title: D ( ) Delete
Name: KELLER, THOMAS
Address: 333 WESTCHESTER AVE. S101
City-St-Zip: WHITE PLAINS, NY 10604

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 exemption stated 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 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: LAURA CIPOLLONE MS 01/21/2009

Electronic Signature of Signing Officer or Director — Date