


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F02000003265</b> 1. Entity Name <b>BSI COMMODITIES INC.</b>	
---	---

FILED

04 MAR -3 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>4955 STEUBENVILLE PIKE PITTSBURGH, PA 15205-9604</b>	Mailing Address <b>4955 STEUBENVILLE PIKE PITTSBURGH, PA 15205-9604</b>
--	--



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

03012004    Chg-P    CR2E034 (10/03)

City & State	City & State	4. FEI Number <b>33-1002431</b>	Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)    DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Offer May 1, 2004 Fee will be \$550.00**

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

6100030669786  
3/17/04--01052--017 \*\*150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KARPAKIS, GEORGE J</b> <b>4955 STEUBENVILLE PIKE</b> <b>PITTSBURGH, PA 152059604</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TAS</b> <b>DMITRZAK, GARY D</b> <b>4955 STEUBENVILLE PIKE</b> <b>PITTSBURGH, PA 152059604</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NEUMANN, MICHAEL J</b> <b>1360 POST OAK BOULEVARD STE. 150</b> <b>HOUSTON, TX 770563020</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>RHODES, M RUTH</b> <b>1360 POST OAK BOULEVARD STE. 150</b> <b>HOUSTON, TX 770563020</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>George Karpakis</b> <b>4955 Steubenville Pike</b> <b>Pittsburgh, PA 15205-9604</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Gary D. Dmistrzak</b> <b>4955 Steubenville Pike</b> <b>Pittsburgh, PA 15205-9604</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Robert A. Springhetti</b> <b>4955 Steubenville Pike</b> <b>Pittsburgh, PA 15205-9604</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Terence G. M. Briant</b> <b>Joechlerweg 2, PO Box 105</b> <b>Baar Switzerland</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Chris Campbell</b> <b>Verheeskade 25, The Hague</b> <b>Zuid-Holland 2521</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Richard P. Gross</b> <b>4955 Steubenville Pike</b> <b>Pittsburgh, PA 15205-9604</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *M. Ruth Rhodes*    **M. Ruth Rhodes, Asst. Sec.**    3/1/04    713-961-8512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #