

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000001864

1. Entity Name
BLUESCOPE STEEL TECHNOLOGY INC.



Principal Place of Business
**111 WEST OCEAN BLVD., SUITE 1370
LONG BEACH, CA 90802**

Mailing Address
**111 WEST OCEAN BLVD., SUITE 1370
LONG BEACH, CA 90802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006

Chg-P

CR2E034 (11/05)

4. FEI Number
94-3300208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SCHULZ, DIETER ☐ Delete
STREET ADDRESS 111 W OCEAN BOULEVARD, SUITE 1370
CITY-ST-ZIP LONG BEACH, CA 90802

TITLE DIRECTOR OF TAXATION
NAME SCHNEIDER, NANKA ☐ Change ☒ Addition
STREET ADDRESS 1540 GENESSEE STREET
CITY-ST-ZIP KANSAS CITY, MO 64141

TITLE STD
NAME MARSHALL, JACK ☐ Delete
STREET ADDRESS 111 W OCEAN BOULEVARD, SUITE 1370
CITY-ST-ZIP LONG BEACH, CA 90802

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**000066590720
02/27/06--01001--002 **213.75**

TITLE V
NAME BELL, STUART ☒ Delete
STREET ADDRESS LEVEL 2, ADMIN BLDG., OLD PORT ROAD
CITY-ST-ZIP PORT KEMBLA, NEW SOUTH WALES,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME ROBINSON, GREG ☒ Delete
STREET ADDRESS FIVE ISLANDS RD PORT KEMBLA NEW SOUTH 2505
CITY-ST-ZIP AUSTRALIA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME THOMAS, ALAN ☐ Delete
STREET ADDRESS FIVE ISLANDS RD PORT KEMBLA NEW SOUTH 2505
CITY-ST-ZIP AUSTRALIA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Jack Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK MARSHALL

2/3/06

Date

(562) 628-0125

Daytime Phone #

FILED
06 FEB 22 AM 10:19

