


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000004306 1. Entity Name MACSTEEL SERVICE CENTERS USA, INC.	
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Principal Place of Business 555 STATE ROAD BENSLEM, PA 19020	Mailing Address P.O. BOX 6055 PHILADELPHIA, PA 19114
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4664158	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

**NATIONAL CORPORATE RESEARCH, LTD., INC.
 515 EAST PARK AVENUE
 TALLAHASSEE, FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating)

U00000381105
 01/11/06-80000-019 150.00

**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

TITLE	DCP
NAME	HOFFMAN, MICHAEL H
STREET ADDRESS	888 SAN CLEMENTE DRIVE, SUITE 250
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	DVAS
NAME	O'TOOLE, RICHARD E
STREET ADDRESS	888 SAN CLEMENTE DRIVE, SUITE 250
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	DVAS
NAME	DELANEY, RUSSELL
STREET ADDRESS	888 SAN CLEMENTE DRIVE, SUITE 250
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	DVS
NAME	BOWERS, C. ROBERT
STREET ADDRESS	555 STATE ROAD
CITY-ST-ZIP	BENSLEM, PA 19020
TITLE	D
NAME	GERBER, JACK
STREET ADDRESS	555 STATE ROAD
CITY-ST-ZIP	BENSLEM, PA 19020
TITLE	D
NAME	LONGCHAMPT, MICHAEL
STREET ADDRESS	555 STATE ROAD
CITY-ST-ZIP	BENSLEM, PA 19020

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. Robert Bowers **C. ROBERT BOWERS** 1/5/06 (215) 244-3290

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