


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90092 022 ***150.00

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1. Entity Name
MACSTEEL SERVICE CENTERS USA, INC.



Principal Place of Business Mailing Address
555 STATE ROAD **P.O. BOX 6055**
BENSALEM, PA 19020 **PHILADELPHIA, PA 19114**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01052007 Chg-P CR2E034 (12/06)



4. FEI Number Applied For
95-4664158 Not Applicable

5. Certificate of Status Desired **\$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

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 _____
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, 2007 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 DCP Delete
 NAME HOFFMAN, MICHAEL H
 STREET ADDRESS 888 SAN CLEMENTE DRIVE, SUITE 250
 CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DVAS Delete
 NAME O'TOOLE, RICHARD E
 STREET ADDRESS 888 SAN CLEMENTE DRIVE, SUITE 250
 CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE Change Addition
 NAME
 STREET ADDRESS *13535 S. TORRENCE AVE., BLDG. C*
 CITY-ST-ZIP *CHICAGO, IL 60633*

TITLE DVAS Delete
 NAME DELANEY, RUSSELL
 STREET ADDRESS 888 SAN CLEMENTE DRIVE, SUITE 250
 CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DVS Delete
 NAME BOWERS, C. ROBERT
 STREET ADDRESS 555 STATE ROAD
 CITY-ST-ZIP BENSALEM, PA 19020

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME GERBER, JACK
 STREET ADDRESS 555 STATE ROAD
 CITY-ST-ZIP BENSALEM, PA 19020

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME LONGCHAMPT, MICHAEL
 STREET ADDRESS 555 STATE ROAD
 CITY-ST-ZIP BENSALEM, PA 19020

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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** 1/9/07 (215)244-3290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JR. EXEC VP; CFO