

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 31, 2008 08:00 A  
Secretary of State**

<b>DOCUMENT # F05000004306</b>	
1. Entity Name <b>MACSTEEL SERVICE CENTERS USA, INC.</b>	
Principal Place of Business <b>555 STATE ROAD BENSALEM, PA 19020</b>	Mailing Address <b>P.O. BOX 6055 PHILADELPHIA, PA 19114</b>



03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>95-4664158</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP HOFFMAN, MICHAEL H 888 SAN CLEMENTE DRIVE, SUITE 250 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS O'TOOLE, RICHARD E 13535 SOUTH TORRENCE AVE BLDG C CHICAGO, IL 60633
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS DELANEY, RUSSELL 888 SAN CLEMENTE DRIVE, SUITE 250 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BOWERS, C. ROBERT 555 STATE ROAD BENSALEM, PA 19020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERBER, JACK 555 STATE ROAD BENSALEM, PA 19020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGCHAMPT, MICHAEL 555 STATE ROAD BENSALEM, PA 19020

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04/11/08-80038-025.150.00

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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** 3/26/08 (215) 244-3290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**JR. EXEC. VP; CFO**