

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # F05000004306**

1. Entity Name  
**MACSTEEL SERVICE CENTERS USA, INC.**



Principal Place of Business

**555 STATE ROAD  
BENSALEM, PA 19020**

Mailing Address

**P.O. BOX 6055  
PHILADELPHIA, PA 19114**



03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>95-4664158</b>	Applied For <input type="checkbox"/> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	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	13535 SOUTH TORRENCE AVE BLDG C
CITY-ST-ZIP	CHICAGO, IL 60633
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	BENSALEM, PA 19020
TITLE	D
NAME	GERBER, JACK
STREET ADDRESS	555 STATE ROAD
CITY-ST-ZIP	BENSALEM, PA 19020
TITLE	D
NAME	LONGCHAMPT, MICHAEL
STREET ADDRESS	555 STATE ROAD
CITY-ST-ZIP	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** **3/24/08** **(215) 244-3290**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*JR. EXEC. VP & CFO*