

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004306

FILED
Jan 06, 2009
Secretary of State

Entity Name: MACSTEEL SERVICE CENTERS USA, INC.

Current Principal Place of Business:

555 STATE ROAD
BENSALEM, PA 19020

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6055
PHILADELPHIA, PA 19114

New Mailing Address:

FEI Number: 95-4664158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: HOFFMAN, MICHAEL H
Address: 888 SAN CLEMENTE DRIVE, SUITE 250
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DVAS () Delete
Name: O'TOOLE, RICHARD E
Address: 13535 SOUTH TORRENCE AVE BLDG C
City-St-Zip: CHICAGO, IL 60633

Title: DVAS () Delete
Name: DELANEY, RUSSELL
Address: 888 SAN CLEMENTE DRIVE, SUITE 250
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DVS () Delete
Name: BOWERS, C. ROBERT
Address: 555 STATE ROAD
City-St-Zip: BENSALEM, PA 19020

Title: D () Delete
Name: GERBER, JACK
Address: 555 STATE ROAD
City-St-Zip: BENSALEM, PA 19020

Title: D () Delete
Name: LONGCHAMPT, MICHAEL
Address: 555 STATE ROAD
City-St-Zip: BENSALEM, PA 19020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. ROBERT BOWERS

DVS

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date