

# 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