

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004306

FILED
Mar 14, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: C. ROBERT BOWERS

DVAS

03/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date