2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000735

Entity Name: ONESTEEL RECYCLING, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4943 PORT TAMPA, FL	SUTTON RO. 33619 US	AD				
Current Mailing Address:			New Maili	New Mailing Address:		
2649 S MILITARY HWY CHESAPEAKE, VA 23324				4943 PORT SUTTON ROAD TAMPA, FL 33619 US		
FEI Number:	72-0870411	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
The above in the State		ubmits this statement for the purp	oose of changing i	ts registered of	fice or registered agent, or both,	
SIGNATURE:						
	Electroni	Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SMORGON, GRA LEVEL 3, 650 CH		Title: Name: Address: City-St-Zip:	P (X) QUIRKE, THOM 4943 PORT SUT TAMPA, FL 336	TON ROAD	
Title: Name: Address: City-St-Zip:	LIDDELL, PETEI 650 LORIMER S	Delete R T GROUND FLOOR E VICTORIA AUSTR, 3207	Title: Name: Address: City-St-Zip:	T (X) TSAI, MORRIS 2649 S MILITAR CHESAPEAKE,		
Title: Name: Address: City-St-Zip:	CASTAN, GEOR	VE HAWTHORN MELBOURNE	Title: Name: Address: City-St-Zip:	WATERS, GREC LEVEL 10 124 V	Change () Addition 3 VALKER STREET Y NSW, AUSTRALIA, AU 2040	
Title: Name: Address: City-St-Zip:	HORSBURGH, R	TREET PORT MELBOURNE	Title: Name: Address: City-St-Zip:	MOLLOY, RONA LEVEL 10 124 V	Change () Addition NLD VALKER STREET Y NSW, AUSTRALIA, AU 2040	
Title: Name: Address: City-St-Zip:	WILCZEK, ROBI	R DRIVE STE 3700	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	PRES (X) QUIRKE, THOMA 2649 S. MILITAR CHESAPEAKE, V	YHWY	Title: Name: Address: City-St-Zip:	()	Change () Addition	

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: THOMAS P QUIRKE P 04/28/2009