

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004242

FILED
Apr 30, 2009
Secretary of State

Entity Name: MMFX STEEL CORPORATION OF AMERICA

Current Principal Place of Business:

2415 CAMPUS DRIVE
SUITE 100
IRVINE, CA 92612

New Principal Place of Business:

Current Mailing Address:

2415 CAMPUS DRIVE
SUITE 100
IRVINE, CA 92612

New Mailing Address:

FEI Number: 01-0632426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 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: CHRM () Delete
Name: GATHERS, CHARLES
Address: 2415 CAMPUS DRIVE, SUITE 100
City-St-Zip: IRVINE, CA 92612

Title: PD () Delete
Name: POLLACK, DAVID C
Address: 2415 CAMPUS DRIVE, SUITE 100
City-St-Zip: IRVINE, CA 92612

Title: D () Delete
Name: FURLAN, DANIEL
Address: 2415 CAMPUS DRIVE, SUITE 100
City-St-Zip: IRVINE, CA 92612

Title: S () Delete
Name: POMPAY, MICHEAL W
Address: 2415 CAMPUS DRIVE, SUITE 100
City-St-Zip: IRVINE, CA 92612

Title: D () Delete
Name: YERSUSALIM, HOWARD
Address: 2415 CAMPUS DRIVE STE 100
City-St-Zip: IRVINE, CA 92612

Title: D () Delete
Name: ZYBELMAN, JAY
Address: 2415 CAMPUS DR, STE 100
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: GATHERS, CHARLES E SR
Address: 2415 CAMPUS DRIVE, SUITE 100
City-St-Zip: IRVINE, CA 92612

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

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

Title: D (X) Change () Addition
Name: ABBOT, CHARLES S ADM
Address: 2415 CAMPUS DRIVE, SUITE 100
City-St-Zip: IRVINE, CA 92612

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: DAVID C. POLLACK

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04/30/2009

Electronic Signature of Signing Officer or Director

Date