

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001318

Entity Name: SAPA H E TUBING, INC.

FILED
Feb 27, 2012
Secretary of State

Current Principal Place of Business:

400 ROUSER RD BLDG 2 AIRPORT OFFICE PARK
MOON TOWNSHIP, PA 15108

New Principal Place of Business:

9600 W. BRYN MAWR AVENUE, SUITE 250
ROSEMONT, IL 60018

Current Mailing Address:

PO BOX 535271
PITTSBURGH, PA 15253

New Mailing Address:

9600 W. BRYN MAWR AVENUE, SUITE 250
ROSEMONT, IL 60018

FEI Number: 20-8803006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP
Name: PATRICK, LAWLOR
Address: 9600 BRYN MAWR AVENUE, SUITE 250
City-St-Zip: ROSEMONT, IL 60018

Title: DCFO
Name: KAVANAUGH, ROBERT
Address: 9600 W. BRYN MAWR AVENUE, SUITE 250
City-St-Zip: ROSEMONT, IL 60018

Title: DVPS
Name: BELCASTRO, JACQUELYNE
Address: 9600 W. BRYN MAWR AVENUE, SUITE 250
City-St-Zip: ROSEMONT, IL 60018

Title: DVP
Name: RUBICKY, ROBERT
Address: 9600 W. BRYN MAWR AVENUE, SUITE 250
City-St-Zip: ROSEMONT, IL 60018

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: JACQUELYNE BELCASTRO

DVPS

02/27/2012

Electronic Signature of Signing Officer or Director

Date