2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 26, 2007 08:00 AM DOCUMENT # F19314 **Secretary of State** 1. Entity Name SNYDER STEEL, INC. Principal Place of Business Mailing Address 608 S PLUMOSA STREET P.O. BOX 541141 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32954-1141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2077756 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SNYDER, DAVID E 608 S PLUMOSA AVENUE Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND FL 32952 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE TITLE Change Delete SNYDER, DAVID E NAME NAMI' U00000648287 608 S PLUMOSA AVENUE STREET ADDRESS STREET ADDRESS 03/07/07-80002-017 158.75 MERRITT ISLAND, FLD00000 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TIFLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY+ST-ZIP THE Delete HE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Delete THE THIE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information almost a report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 all other like empowered.

CHSE034 (10/06)

= N.AULD & SNYOM 2/21/07 321-453-2353

FILED