FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002868 (7)**

1. Corporation Name
WEISNER STEEL PRODUCTS, INC.

Principal Place of Business	Mailing Address
77 MORAGA WAY ORINDA CA 94563	77 MORAGA WAY ORINDA CA 94563

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/01/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **94-1723717** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

IRVIN, GRADY
% WEISNER STEEL PRODUCTS INC.
207 NO. 12TH ST.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: HAROLD R. WILSON JR.
82 Street Address (P.O. Box Number is Not Acceptable): 23429 SHINING STAR DRIVE
83: ~~LAND O' LAKES~~
84 City: LAND O' LAKES **FL** 85 Zip Code: 34639

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Harold R. Wilson Jr. — HAROLD R. WILSON JR. — 4-13-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE		☐ Change ☐ Addition
NAME	SILVER, IVOR	12 NAME		
STREET ADDRESS	77 MORAGA WAY	13 STREET ADDRESS		
CITY-ST-ZIP	ORINDA CA 94563	14 CITY-ST-ZIP		
TITLE	CV	21 TITLE	CV	☒ Change ☐ Addition
NAME	SEKINE, K.	22 NAME	JUNJI NOHARA	
STREET ADDRESS	ONE CALIFORNIA ST.	23 STREET ADDRESS	ONE CALIFORNIA ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	24 CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	EVINS, PAUL	32 NAME		
STREET ADDRESS	77 MORAGA WAY	33 STREET ADDRESS		
CITY-ST-ZIP	ORINDA CA 94563	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	MAEDA, M.	42 NAME	PAUL KABASHIMA	
STREET ADDRESS	ONE CALIFORNIA ST.	43 STREET ADDRESS	ONE CALIFORNIA ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	44 CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	SILVER, B.	52 NAME		
STREET ADDRESS	ONE SOUTHAMPTON PL.	53 STREET ADDRESS		
CITY-ST-ZIP	LAFAYETTE CA 94596	54 CITY-ST-ZIP		
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	SEIKI TAKAHASHI	
STREET ADDRESS		63 STREET ADDRESS	ONE CALIFORNIA ST.	
CITY-ST-ZIP		64 CITY-ST-ZIP	SAN FRANCISCO CA 94111	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul L. Evins — PAUL L. EVINS — 4-14-95 — (510) 254-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481071 FP