

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90206 017 ***150.00

DOCUMENT # F94000002868

1. Corporation Name
WEISNER STEEL PRODUCTS, INC.

Principal Place of Business

77 MORAGA WAY
ORINDA CA 94563

Mailing Address

77 MORAGA WAY
ORINDA CA 94563

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1994

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

WILSON, HAROLD R JR.
23429 SHINING STAR DRIVE
207 NO. 12TH ST.
LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE
NAME SILVER, IVOR
STREET ADDRESS 77 MORAGA WAY
CITY-ST-ZIP ORINDA CA 94563

TITLE CV ☒ DELETE
NAME JUNJI, NOHARA
STREET ADDRESS ONE CALIFORNIA ST
CITY-ST-ZIP SAN FRANCISCO CA

TITLE DS ☒ DELETE
NAME EVINS, PAUL
STREET ADDRESS 77 MORAGA WAY
CITY-ST-ZIP ORINDA CA 94563

TITLE D ☐ DELETE
NAME PAUL, KABASHIMA
STREET ADDRESS ONE CALIFORNIA STREET
CITY-ST-ZIP SAN FRANCISCO CA

TITLE T ☐ DELETE
NAME SILVER, B.
STREET ADDRESS ONE SOUTHAMPTON PL.
CITY-ST-ZIP LAFAYETTE CA 94596

TITLE D ☒ DELETE
NAME TAKASHASHI, SEIKI
STREET ADDRESS ONE CALIFORNIA STREET
CITY-ST-ZIP SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D K. KASAMATSU
2.3 STREET ADDRESS ONE CALIFORNIA ST.
2.4 CITY-ST-ZIP SAN FRANCISCO CA 94111

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME CV H. SUTOH
3.3 STREET ADDRESS ONE CALIFORNIA ST.
3.4 CITY-ST-ZIP SAN FRANCISCO CA 94111

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME DS MARK SILVER
6.3 STREET ADDRESS 77 MORAGA WAY
6.4 CITY-ST-ZIP ORINDA CA 94563

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. I am attaching an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IVOR SILVER
RESIDENT

4-1-99

Date

(925) 254-6800

Daytime Phone #

CR2E034 (11/98)