

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F94000003102**

1. Entity Name  
**STEEL SPECIALTY CO.**



Principal Place of Business  
**2670 S.CRAWELL  
FRANKLIN, MI 48025**

Mailing Address  
**P.O.BOX 250642  
FRANKLIN, MI 48025-0642**



01272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-1405415</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., STE. 4  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	FRUMAN, DOROTHY
STREET ADDRESS	4350 HILLCREST, APT 111
CITY-STATE-ZIP	HOLLYWOOD, FL 33021

TITLE	PD
NAME	FRUMAN, LEE
STREET ADDRESS	24670 SOUTH CROMWELL
CITY-STATE-ZIP	FRANKLIN, MI 48025

TITLE	STD
NAME	FRUMAN, DALE
STREET ADDRESS	3002 HILLCREST DRIVE
CITY-STATE-ZIP	EXPORT, PA 15632

TITLE	ASAT
NAME	KAYE, MARCY F
STREET ADDRESS	32259 SCENIC LANE
CITY-STATE-ZIP	FRANKLIN, MI 48025

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

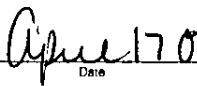
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000724278  
05/02/07-80104-019 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **April 17 07 248 865 2999**  
Date Daytime Phone #