FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000001820 (8)**

1. Corporation Name

RIO ALGOM, INC.

Principal Place of Business	Mailing Address
VINCENT METALS DIVISION 724 24TH AVENUE. S.E. MINNEAPOLIS MN 55414	VINCENT METALS DIVISION 724 24TH AVENUE. S.E. MINNEAPOLIS MN 55414

2. Principal Place of Business	2a. Mailing Address
21 VINCENT METAL GOODS	26 VINCENT METAL GOODS
Suite, Apt. #, etc. 22 455 85th AVENUE NW	Suite, Apt. #, etc. 27 455 85th AVENUE NW
City & State 23 MINNEAPOLIS, MN	City & State 28 MINNEAPOLIS, MN
Zip: 24 55433 Country: 25 USA	Zip: 29 55433 Country: 30 USA

3. Date Incorporated or Qualified: **04/14/1995**

3a. Date of Last Report: **INITIAL REPORT**

4. FEI Number: **54-1154614** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (If changing Registered Agent, Signature of New Registered Agent required) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MACAULAY, COLIN A		12 NAME		
STREET ADDRESS	70 ROXBOROUGH DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, NORM E		22 NAME		
STREET ADDRESS	500 NORTH DEEP LAKE RD.		23 STREET ADDRESS		
CITY-ST-ZIP	ST PAUL MN		24 CITY-ST-ZIP		
TITLE	CSD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BUSH, JOHN A		32 NAME		
STREET ADDRESS	140 FALLINGBROOK ROAD		33 STREET ADDRESS		
CITY-ST-ZIP	SCARBOROUGH ONTARIO		34 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	COCHRANE, D B		42 NAME		
STREET ADDRESS	188 AIRDRIE ROAD		43 STREET ADDRESS		
CITY-ST-ZIP	EAST YORK ONTARIO		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	CUMMING, DONALD A		52 NAME		
STREET ADDRESS	30 SOMERSET CIR.		53 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND HILL ONTARIO		54 CITY-ST-ZIP		
TITLE	T	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	GOLDBERG, MIKE H		62 NAME		
STREET ADDRESS	1085 LAWNVIEW AVENUE		63 STREET ADDRESS		
CITY-ST-ZIP	SHOREVIEW MN		64 CITY-ST-ZIP		

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)(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, or on an attachment with an address.

SIGNATURE: _____ M. H. GOLDBERG/V. P. OF FINANCE 2/12/96 (612)717-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)