


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90038 042 \*\*\*150.00

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| <b>DOCUMENT # F96000002541</b>   |  |  |  |   |  |
| 1. Entity Name<br><b>UNITED STATES PIPE AND FOUNDRY COMPANY, INC.</b>  |  |  |  |  |  |
| Principal Place of Business<br><b>P.O. BOX 10406<br/>BIRMINGHAM, AL 35202</b>  |  |  | Mailing Address<br><b>4211 W. BOY SCOUT BLVD<br/>TAX DEPT. SUITE 1000<br/>TAMPA, FL 33607</b>  |  |  |
| 2. Principal Place of Business   |  |  | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.  |  |  |
| City & State   |  |  | City & State   |  |  |
| Zip  | Country  | Zip  | Country  | 4. FEI Number<br><b>13-3429804</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PCOD<br>HINES, ANTHONY L<br>4211 W BOY SCOUT BLVD<br>TAMPA, FL 33607 <b>XX Delete</b>                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>Kitterman, Bradley S.<br>3300 First Ave. North<br>Birmingham, AL 35222 <input type="checkbox"/> Change <b>XX Addition</b>        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VCFO<br>MURRAY, JAMES R<br>3300 1ST AVE. N.<br>BIRMINGHAM, AL 35222 <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP <b>XX Change</b> <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | AT<br>EISCH CYNTHIA B<br>4211 W. BOYSCOUT BLVD.<br>TAMPA, FL <input type="checkbox"/> Delete         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>PATRICK, VICTOR P<br>4211 W. BOY SCOUT BLVD.<br>TAMPA, FL 33607 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>XX Change</b> <input type="checkbox"/> Addition<br><b>4211 W Boy Scout Blvd.</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>OHRN, WILLIAM F<br>4211 BOY SCOUT BLVD.<br>TAMPA, FL 33607 <input type="checkbox"/> Delete     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT<br>DEARDEN, MILES C III<br>4211 BOY SCOUT BLVD.<br>TAMPA, FL 33607 <b>XX Delete</b>               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <b>XX Addition</b><br><b>Knollenberg, Walter T.<br/>3300 First Ave. North<br/>Birmingham, AL 35222</b> |  |
| 12. 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 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 to this report with the same effect. |  |  |  |  |  |
| <b>SIGNATURE: By <u>Cynthia B. Eisch</u> Assistant Treasurer 2/26/2004 (813)871-4066</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #<br><b>Cynthia B. Eisch</b>   |  |  |  |  |  |

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