

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000002809 (8)**

1. Corporation Name
MG METAL & COMMODITY CORP.

Principal Place of Business
**520 MADISON AVENUE
NEW YORK NY 10022**

Mailing Address
**520 MADISON AVENUE
NEW YORK NY 10022**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc. **28th Floor**
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc. **28th Floor**
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

13-3910153

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

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	COB	<input type="checkbox"/> DELETE
NAME	SIEDENTOPF, HORST DR	
STREET ADDRESS	520 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FARMER, MICHAEL	
STREET ADDRESS	520 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBERTSON, JOSEPH	
STREET ADDRESS	520 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BACON, PHILIP	
STREET ADDRESS	520 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLARUSSO, LOUIS	
STREET ADDRESS	520 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MULLER, JAMES	
STREET ADDRESS	520 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Exec. Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Exec. Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE: *William McCarter* William McCarter 2/18/98 (212) 715-5211

CR2E034 (10/97)