

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

FILED  
Jul 10 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> F97000005251 1. Corporation Name FEDERAL BRONZE ALLOYS, INC.			
Principal Place of Business 50 WHEELER POINT ROAD NEWARK NJ 07105		Mailing Address 50 WHEELER POINT ROAD NEWARK NJ 07105	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 10/07/97		4. FEI Number 22-3539530	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR <input type="checkbox"/> DELETE BART EDGE 50 WHEELER POINT ROAD NEWARK, NJ 07105	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEPHEN STEFIUK 50 WHEELER POINT ROAD NEWARK, NJ 07105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES, DIR <input type="checkbox"/> DELETE JACK STEFIUK 50 WHEELER POINT ROAD NEWARK, NJ 07105	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP, ASST TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TERRY L. FREEMAN THREE RIVERWAY, SUITE 600 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, DIR <input type="checkbox"/> DELETE J. MICHAEL KIRKSEY 50 WHEELER POINT ROAD NEWARK, NJ 07105	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	ASST TREAS, ASST SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KEITH ST. CLAIR THREE RIVERWAY, SUITE 600 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASST SEC <input type="checkbox"/> DELETE JOHN HAGEMAN 50 WHEELER POINT ROAD NEWARK, NJ 07105	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> DELETE FRANK BORIS 50 WHEELER POINT ROAD NEWARK, NJ 07105	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 25 7-10
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, SEC, TREAS <input type="checkbox"/> DELETE DAN HORCHLER 50 WHEELER POINT ROAD NEWARK, NJ 07105	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000002585930 -07/13/98--01019--001 ***\$50.00
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: <u>Daniel W. Horchler, V.P.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6-25-98 973-589-4930 Date Daytime Phone #	

CR2E034 (10/97)