

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006366

1. Entity Name
TW METALS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90001 024 ***150.00

Principal Place of Business
760 CONSTITUTION DRIVE, SUITE 204
EXTON PA 19341

Mailing Address
760 CONSTITUTION DRIVE, SUITE 204
EXTON PA 19341

971577



DO NOT WRITE IN THIS SPACE

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 25-0883470

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCEO
NAME OATES, DENNIS M
STREET ADDRESS 25 CASTLEMERE PL.
CITY-ST-ZIP N. ANDOVER MA 01845

TITLE
NAME OATES, DENNIS M.
STREET ADDRESS 402 MAINTENANCE LANE
CITY-ST-ZIP NEWTON PA 19333

TITLE DEV
NAME HOWLEY, ANDREW M
STREET ADDRESS 3418 TYSON RD.
CITY-ST-ZIP NEWTON SQ. PA 19073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME SCHMID, WILLIAM P
STREET ADDRESS 11 LANDEWOOD
CITY-ST-ZIP PRINCETON NJ 03550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPC
NAME SWEENEY, THOMAS
STREET ADDRESS 110 SARAH AVE.
CITY-ST-ZIP NORRISTOWN PA 19403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS
NAME HILEBER, NICHANS
STREET ADDRESS 101 INDIAN SPRINGS DR.
CITY-ST-ZIP OLKMOORE PA 19343

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME E. TUDY D'NOCCIA
STREET ADDRESS 116 MEADOWVIEW DR.
CITY-ST-ZIP LEOLA PA 17540

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)