

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000006366**

1. Entity Name  
**TW METALS, INC.**



Principal Place of Business

**760 CONSTITUTION DRIVE, SUITE 204  
EXTON, PA 19341**

Mailing Address

**760 CONSTITUTION DRIVE, SUITE 204  
EXTON, PA 19341**



07062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ELROD, JACK  
STREET ADDRESS 211 HERITAGE COURT  
CITY-ST-ZIP DOWNINGTOWN, PA 19335

TITLE D  
NAME ELROD, JACK  
STREET ADDRESS 211 HERITAGE COURT  
CITY-ST-ZIP DOWNINGTOWN, PA 19335

TITLE VP  
NAME SCHMID, WILLIAM P  
STREET ADDRESS 16 SANDLEWOOD DR  
CITY-ST-ZIP PRINCETON, NJ 03550

TITLE VPF  
NAME MOORE, KIRK  
STREET ADDRESS 17 BRIARWOOD LANE  
CITY-ST-ZIP SEWELL, NJ 08080

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000570169  
07/14/06-80002-006 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 with an address, with all other like empowered.

**SIGNATURE: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kirk E. Moore**

**7/11/06**  
Date

**610-458-1300**  
Daytime Phone #