

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90017 029 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003455

1. Corporation Name
MAYSTEEL CORPORATION

Principal Place of Business
Patrita
N89 W14700 PATLITA DRIVE
MENOMONEE FALLS WI 53051

Mailing Address
Patrita
N89 W14700 PATLITA DRIVE
MENOMONEE FALLS WI 53051

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/17/1998	
4. FEI Number 39-1201791	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTER, KIM A	1.2 NAME	
STREET ADDRESS	N89 W14700 PATLITA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53051	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSKE, THOMAS J SR	2.2 NAME	
STREET ADDRESS	1000 WEST BRUCE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGERDAHL, ANDERS	3.2 NAME	
STREET ADDRESS	800 NORTH MARSHALL STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	3.4 CITY-ST-ZIP	
TITLE	VAST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELMAN, JOHN	4.2 NAME	
STREET ADDRESS	N89 W14700 PATLITA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENOMONEE FALLS WI 53051	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLASEN, THOMAS F	5.2 NAME	
STREET ADDRESS	800 NORTH MARSHALL STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, R D	6.2 NAME	
STREET ADDRESS	215 NORTH MAIN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST BEND WI 53095	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:  DATE: 7/20/99 DAYTIME PHONE #: 327-8009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

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