

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90088 047 ***150.00

DOCUMENT # F98000003842

1. Entity Name
THREE RIVERS ALUMINUM COMPANY



Principal Place of Business
**71 PROGRESS AVE.
CRANBERRY TOWNSHIP, PA 16066**

Mailing Address
**71 PROGRESS AVE.
CRANBERRY TOWNSHIP, PA 16066**

40004104



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1071830

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	RANDALL, ROBERT R
STREET ADDRESS	71 PROGRESS AVENUE
CITY-ST-ZIP	CRANBERRY TOWNSHIP, PA
TITLE	V
NAME	KALAKOS, JOHN
STREET ADDRESS	71 PROGRESS AVENUE
CITY-ST-ZIP	CRANBERRY TOWNSHIP, PA
TITLE	ST
NAME	STEPHEN, FRANCES
STREET ADDRESS	71 PROGRESS AVENUE
CITY-ST-ZIP	CRANBERRY TWP, PA 16066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

Date

Daytime Phone #

1-14-05

724-776-7000