

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90107 009 ***150.00

DOCUMENT # F99000000178

1. Entity Name

OMNISOURCE CORPORATION SOUTH

Principal Place of Business

**1610 N. CALHOUN ST
FORT WAYNE IN 46808**

Mailing Address

**1610 N. CALHOUN ST
FORT WAYNE IN 46808**

00027596



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-0809317**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GARBER, STEVE
900 YELLOW WATER RD
BALDWIN FL 32234**

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 \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CEO	RIFKIN, LEONARD	1610 N. CALHOUN ST	FORT WAYNE IN 46808				
P	RIFKIN, DANIEL	1610 N. CALHOUN ST	FORT WAYNE IN 46808				
VS	RIFKIN, RICHARD	1610 N. CALHOUN ST	FORT WAYNE IN 46808				
V	RIFKIN, MARTIN	1610 N. CALHOUN ST	FORT WAYNE IN 46808				
V	ROHRS, GARY	1610 N. CALHOUN ST	FORT WAYNE IN 46808				

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

Daniel M. Rifkin

2/19/01

Date

(219) 422-5541

Daytime Phone #

CR2E034 (10/00)