

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L74308 1. Entity Name IPSCO-FLORIDA, INC.								FILED 00 AUG -8 PM 1:21																			
														Principal Place of Business Mailing Address								SECRETARY OF STATE					
																					TALLAHASSEE, FLORIDA						
2. Principal Pla	ace of Business		3. Mailing																								
Suite, Apt.	#, etc.		222 W. Las Colinas Blvd. Suite, Apt. #, etc. Suite 1500				DO NOT WRITE IN THIS SPACE																				
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City & State			1 -	City & State Irving, TX				59-3027354				Applied For Not Applic															
Zip		Country	Zíp	Zip		Country		. Certificate of State	as Desired	X	\$8.75 Ad	ditional															
	6. Name a	nd Address of Curre	75039		Dal	las		. Name and Addres			Fee Requir	ed															
CT Corp	oration					Name		una nuuros	i riogia				\dashv														
1200 So	uth Pine ion, FL	ad			Street Ac	idress (P.O. E	Box Number is Not A	cceptable)																			
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11.	na on back)	OFFICERS	AND DIRECTORS	Concession	12.	Garage		ADDITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS	N 11															
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13. I hereby ce or supplem	ertify that the info nental report is tr	rmation supplied with ue and accurate and	this filing does not qu that my signature sha Chapter 607, Fidrida	alify for the exem	ption stated legal effect	d in Section as if made u	119.07(3)(i), inder oath; th	Florida Statutes. I fui at I am an officer or	ther certify that the	the informa	tion indicated r the receive	d on this rep r or trustee	xort														
empowere	a to execute this d. /	report as required by	Chapter 607, blenda	Statutes and tha	и ту лате	appears in	DIOCK 11 OF B	DUCK IZ IT CHANGOO, O	TUTE ATTEMENT	auf Aniti 90g	auuress, Will	i an ouner IIK	, 0														
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ACCOUNT NO. : 072100000032

REFERENCE: 790070

AUTHORIZATION

COST LIMIT : \$ 558.75

ORDER DATE: August 7, 2000

ORDER TIME : 11:36 AM

ORDER NO. : 790070-010

CUSTOMER NO: 4326756

CUSTOMER: Myung Lee, Legal Asst

Shearman & Sterling 599 Lexington Avenue

Rm 300

New York, NY 10022

ANNUAL REPORT FILING

NAME: IPSCO-FLORIDA, INC.

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA ODOM

EXAMINER'S INITIALS:

THE STATE OF THE S