

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04207**

1. Entity Name  
**MIDWEST STEEL & ALLOY CORPORATION**



Principal Place of Business  
**26949 CHAGRIN BOULEVARD  
SUITE 305  
BEACHWOOD, OH 44122**

Mailing Address  
**26949 CHAGRIN BOULEVARD  
P O BOX 221015  
BEACHWOOD, OH 44122**



**DO NOT WRITE IN THIS SPACE**

04212005 No Chg-P CR2ED34 (10/03)

4. FEI Number **34-0971433** 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 PD  
NAME WALLENS, EUGENE  
STREET ADDRESS 3825-4 LANDER ROAD  
CITY-ST-ZIP ORANGE VALLAGE, OH 44022

TITLE VSD  
NAME WALLENS, ROBERT  
STREET ADDRESS 5025 LANSLOWNE DR.  
CITY-ST-ZIP SOLON, OH 44139

TITLE C  
NAME KLAYKO, MARTIN  
STREET ADDRESS 26949 CHAGRIN BLVD. SUITE 305  
CITY-ST-ZIP BEACHWOOD, OH 44122

TITLE VD  
NAME GOLDENBERG, LEON  
STREET ADDRESS 4414 SWANN CIRCLE  
CITY-ST-ZIP TAMPA, FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000353986  
05/05/05-80015-002 150.00

**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)(f), 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:**

*Martin Klayko*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05  
Date

216 831 0510  
Daytime Phone #