

FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90082 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04756 1. Corporation Name UNITED STEEL SERVICE, INC.			
Principal Place of Business 4500 PARKWAY DRIVE BROOKFIELD OH 44403-9549		Mailing Address 4500 PARKWAY DRIVE BROOKFIELD OH 44403-9549	
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">25</div> Country		2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">30</div> Country	
9. Name and Address of Current Registered Agent			
RINGEL, TOM DADELAND TOWERS SOUTH, SUITE 100 9400 SOUTH DADELAND BLVD. MIAMI FL 33156			<div style="border: 1px solid black; padding: 2px;">81</div> Name <div style="border: 1px solid black; padding: 2px;">82</div> Street Address <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84</div> City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation and its board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
TITLE	V <input type="checkbox"/> DELETE	13.	
NAME	MOSS, MELVIN M.	1.1 TITLE	
STREET ADDRESS	4500 PARKWAY ROAD	1.2 NAME	
CITY-ST-ZIP	BROOKFIELD OH	1.3 STREET ADDRESS	
TITLE	VD <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME	FRIEDMAN, PHYLLIS	2.1 TITLE	
STREET ADDRESS	4372 BOCAIRE BLVD.	2.2 NAME	
CITY-ST-ZIP	BOCA RATON FL	2.3 STREET ADDRESS	
TITLE	SD <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	SKOLNICH, JAY M.	3.1 TITLE	
STREET ADDRESS	900 DOLLAR BANK BUILDING	3.2 NAME	
CITY-ST-ZIP	YOUNGSTOWN OH	3.3 STREET ADDRESS	
TITLE	T <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	MILLER, JOEL	4.1 TITLE	
STREET ADDRESS	4500 PARKWAY ROAD	4.2 NAME	
CITY-ST-ZIP	BROOKFIELD OH	4.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	FRIEDMAN, MORRIS	5.1 TITLE	
STREET ADDRESS	4372 BOCAIRE BLVD.	5.2 NAME	
CITY-ST-ZIP	BOCA RATON FL	5.3 STREET ADDRESS	
TITLE	V <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME	BAYMAN, JEFF	6.1 TITLE	
STREET ADDRESS	4500 PARKWAY ROAD	6.2 NAME	
CITY-ST-ZIP	BROOKFIELD OH	6.3 STREET ADDRESS	
TITLE		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2F034 (11/08)