

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91065 037 ***150.00

DOCUMENT # P06935

1. Entity Name
METALS USA PLATES AND SHAPES SOUTHEAST, INC.



Principal Place of Business
**THREE RIVERWAY, SUITE 600
HOUSTON, TX 77056**

Mailing Address
**THREE RIVERWAY, SUITE 600
HOUSTON, TX 77056**

94082814

2. Principal Place of Business
**One Riverway
Suite 1100**

3. Mailing Address
**One Riverway
Suite 1100**

04272004

Chg-P

CR2E034 (10/03)

City & State
Houston, TX 77056

City & State
Houston, TX 77056

4. FEI Number
63-0518679

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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. 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, 2004 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	<input type="checkbox"/> Delete
NAME	BENNETT, WILLIAM	
STREET ADDRESS	2925 HWY. 421 N.	
CITY-ST-ZIP	WILMINGTON, NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	CALAMETTI, TIM	
STREET ADDRESS	210 ST. JOSEPH	
CITY-ST-ZIP	MOBILE, AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FREEMAN, TERRY L	
STREET ADDRESS	THREE RIVERWAY, SUITE 600	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE	V	<input type="checkbox"/> Delete
NAME	KETCHIE, CHERYL	
STREET ADDRESS	THREE RIVERWAY, SUITE 600	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Riverway, Suite 1100	
STREET ADDRESS	Houston, TX 77056	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Riverway, Suite 1100	
STREET ADDRESS	Houston, TX 77056	
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Hageman	
STREET ADDRESS	One Riverway, Suite 1100	
CITY-ST-ZIP	Houston, TX 77056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #