

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07869 (1)
1. Corporation Name
EDGCOMB METALS COMPANY

Principal Place of Business 555 STATE RD BENSALEM PA 19020 US	Mailing Address P.O. BOX 6055 PHILADELPHIA PA 19114 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 73-1219466	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHRA, EDMOND	1.2 NAME	
STREET ADDRESS	IMMEUBLE PACIFIC	1.3 STREET ADDRESS	
CITY-ST-ZIP	LA DEFENSE FR	1.4 CITY-ST-ZIP	
TITLE	COC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMSON, ERIC	2.2 NAME	
STREET ADDRESS	243 DYSON RD, WADEVILLE 1322 BOX 7729	2.3 STREET ADDRESS	
CITY-ST-ZIP	JOHANNESBURG 2000 SO	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVITT, A STEVEN	3.2 NAME	
STREET ADDRESS	243 DYSON RD WADEVILLE 1422, BOX 7729	3.3 STREET ADDRESS	
CITY-ST-ZIP	JOHANNESBURG 2000 S	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, MICHAEL H	4.2 NAME	
STREET ADDRESS	243 DYSON ROAD, WADEVILLE 1422, BOX 7729	4.3 STREET ADDRESS	
CITY-ST-ZIP	JOHANNESBURG 2000 S	4.4 CITY-ST-ZIP	
TITLE	CFOS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEINKMAN, STEVE W	5.2 NAME	
STREET ADDRESS	1000 WEST FRANCISCO STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGCHAMPT, MICHEL	6.2 NAME	
STREET ADDRESS	535 E 86TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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.

SIGNATURE: Steve W. Scheinkman

CR2E034 (10/97)