

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P24566 (2)

1. Corporation Name

VINCENNES STEEL CORPORATION

Principal Place of Business

2007 OLIPHANT DRIVE  
VINCENNES IN 47591

Mailing Address

P. O. BOX 236 N/A  
VINCENNES IN 47591  
US



3. Date Incorporated or Qualified  
05/31/1989

3a. Date of Last Report  
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES STREET  
STE - 105  
TALLAHASSEE FL 32301

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 PD  
NAME DAY, KEVIN P.  
STREET ADDRESS 2007 OLIPHANT DR.  
CITY-STATE-ZIP VINCENNES IN

☐ DELETE

1.1 TITLE  
☐ Change ☐ Addition

TITLE VD  
NAME WOLFSON, WILLIAM M.  
STREET ADDRESS 140 EAST 72ND ST.  
CITY-STATE-ZIP NEW YORK NY

☐ DELETE

1.2 NAME  
☐ Change ☐ Addition

TITLE SD  
NAME GORDON, STEPHEN M.  
STREET ADDRESS 2305 JOHN DODGE RD  
CITY-STATE-ZIP JACKSON WY

☐ DELETE

1.3 STREET ADDRESS  
☐ Change ☐ Addition

TITLE TD  
NAME TAIKINA, JOHN T.  
STREET ADDRESS 360 CINDY STREET  
CITY-STATE-ZIP OLD BRIDGE NJ

☐ DELETE

1.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE AS  
NAME PARRISH, TERESA G.  
STREET ADDRESS 2007 OLIPHANT DRIVE  
CITY-STATE-ZIP VINCENNES IN

☐ DELETE

2.1 TITLE  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

2.2 NAME  
☐ Change ☐ Addition

2.3 STREET ADDRESS  
☐ Change ☐ Addition

2.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
☐ Change ☐ Addition

3.2 NAME  
☐ Change ☐ Addition

3.3 STREET ADDRESS  
☐ Change ☐ Addition

3.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
☐ Change ☐ Addition

4.2 NAME  
☐ Change ☐ Addition

4.3 STREET ADDRESS  
☐ Change ☐ Addition

4.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
☐ Change ☐ Addition

5.2 NAME  
☐ Change ☐ Addition

5.3 STREET ADDRESS  
☐ Change ☐ Addition

5.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
☐ Change ☐ Addition

6.2 NAME  
☐ Change ☐ Addition

6.3 STREET ADDRESS  
☐ Change ☐ Addition

6.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa G. Parrish 4-24-96(812)882-4550

Date

Daytime Phone #

CR2E034 (12/95)