## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P29394

FILED Feb 27, 2009 Secretary of State

Entity Name: OUTOKUMPU STAINLESS PIPE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1101 NORTH MAIN ST. WILDWOOD, FL 34785 LIS **Current Mailing Address: New Mailing Address:** 1101 NORTH MAIN ST WILDWOOD, FL 34785 US FEI Number: 22-3043216 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CARPENTER, PAUL Name: Name: 1101 NORTH MAIN ST. Address: Address: City-St-Zip: WILDWOOD, FL 34785 US City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition Name: BAHUS, RICHARD Name: 1101 NORTH MAIN ST. Address: Address: WILDWOOD, FL 34785 US City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition HARRISON, ROY Name: Name: 1101 NORTH MAIN ST. Address: Address: City-St-Zip: WILDWOOD, FL 34785 US City-St-Zip: Title: VΡ () Delete Title: (X) Change ( ) Addition KEELEY, KEVIN L ALMOND, KARL D Name: Name: Address: 1101 NORTH MAIN ST. Address: 1101 NORTH MAIN ST. City-St-Zip: WILDWOOD, FL 34785 US City-St-Zip: WILDWOOD, FL 34785 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. BATES MGR 02/27/2009