FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36825** **(8)**

1. Corporation Name
ALLOY PRODUCTS CORP.

Principal Place of Business	Mailing Address
1045 PERKINS AVE. WAUKESHA WI 53187	1045 PERKINS AVE. WAUKESHA WI 53187

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1991	3a. Date of Last Report: 06/22/1994
4. FEI Number: 39-0126240	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 529
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☒ Change ☐ Addition
NAME	GROH, JEROME P.	1.2 NAME		
STREET ADDRESS	C/O P. O. BOX 1198 N/A	1.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	WAUKESHA WI	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	VICK, JOSEPH E	2.2 NAME		
STREET ADDRESS	1045 PERKINS AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WAUKESHA WI	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	SHERMAN, ROBERT B.	3.2 NAME	Sherman, Robert B.	
STREET ADDRESS	12845 WEMBLY RD.	3.3 STREET ADDRESS	12845 Wembly Road	
CITY-ST-ZIP	BROOKFIELD WI	3.4 CITY-ST-ZIP	Brookfield, WI 53005	
TITLE	DV	4.1 TITLE		☐ Change ☐ Addition
NAME	PIZA, STANLEY J.	4.2 NAME		
STREET ADDRESS	1045 PERKINS AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	WAUKESHA WI	4.4 CITY-ST-ZIP		
TITLE	DP	5.1 TITLE		☐ Change ☐ Addition
NAME	BEAR, CRAIG E	5.2 NAME		
STREET ADDRESS	1045 PERKINS AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	WAUKESHA WI	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Multhauf, John	
STREET ADDRESS		6.3 STREET ADDRESS	1045 Perkins Avenue	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Waukesha, WI 53187-0529	

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)(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: _____ President April 12, 1995 (414)542-6603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number

04/7994 FP