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Jan 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P36825 (8) 1. Corporation Name ALLOY PRODUCTS CORP.					
Principal Place of Business 1045 PERKINS AVE. WAUKESHA WI 53187			Mailing Address 1045 PERKINS AVE. PO BOX 529 WAUKESHA WI 53187-0629 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/23/1991 3a. Date of Last Report 01/22/1996 4. FEI Number 39-0126240 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 85 Zip Code FL		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULTHAUF, JOHN		1.2 NAME		
STREET ADDRESS	1045 PERKINS AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	WAUKESHA WI		1.4 CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERMAN, ROBERT B.		3.2 NAME		
STREET ADDRESS	12845 WEMBLY RD.		3.3 STREET ADDRESS		
CITY - ST - ZIP	BROOKFIELD WI		3.4 CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0506855

CR2E034 (9/96)