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

CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P95000079694 (2) DOCUMENT # UNIVERSAL STAINLESS INC.

Principal Place of Business Mailing Address 200 SW 85 AVE 200 SW 85 AVE 1204 #204 PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0613850 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Ζıp 8. This corporation owes or has paid the current year Intamible 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SAMUELS, ANDREW 1201 NW 185 TERR 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33029 83 84 City 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 printee 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 DELETE TITLE 11 TITLE Change Addition SAMUELS, ANDREW NAME 1.2 NAME 1201 NW 185 TERR STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change 21 TiTLE Addition MCLEAN, MARVIN NAME 2.2 NAME **12 TROY COURT** STREET ADDRESS 2.3 STREET ADDRESS MAPLEWOOD NJ 07040 CITY-ST-ZIP 2 4 City - St - 7iP TITLE DELETE ☐ Addition 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZiP TITLE DELETE Change 4.1 TITLE -☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE **51 TITLE** NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME ***150.00

6.3 STREET ADDRESS

or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further coming that the information utale and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in CTUZGI

6.4 CITY - ST - 7IP 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 excurate 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 occiver optrustee 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 or on an all achiment with an address.

FILED May 07 1998 8:00am Secretary of State

