SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STALL CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000097631 (2) DOCUMENT # STEEL PARTNERS, INC. Mailing Address Principal Place of Business 2295 CORPORATE BLVD NW 2295 CORPORATE BLVD NW SUITE 131 SUITE 131 **BOCA RATON FL 33431** 3a. Date of Last Report **BOCA RATON FL 33431** 3. Date Incorporated or Qualified 12/21/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt. #. etc. Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s= 199 032. Country Country Ζıp Yes No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GERSON, GARY N Street Address (P.O. Box Number is Not Acceptable) 82 1645 PALM BEACH LAKES BLVD. **SUITE 1200** В3 WEST PALM BEACH FL 33401 Zip Code 85 84 City 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 hoard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (*401). Respirate ad Agent's gnature required when reinstating? SIGNATURE Signature, sycles or printed many of registered a jets and title if applicable (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME FORSTER, WILLIAM A NAME 2295 CORPORATE BLVD NW STE 131 13 STHEET ADDRESS STREET ADDRESS 1.4 C:TY - S* - ZIP **BOCA RATON FL 33431** CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 Cilir - ST-7iP CITY-ST-2IP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City - ST. ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TULE TITLE 4 2 NAME NAME

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14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119 67(3)(k). Florida Statutes I furnor certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my's gnature shall have the same legal effect as if made under oath, that I am an office of three for of supportation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 is Block 13 if changed, or on an absolute my name appears in Block 12 is Block 13 if changed, or on an absolute my name appears in Block 12 is Block 13 if changed, or on an absolute my name appears in Block 12 is Block 13 if changed, or on an absolute my name appears in Block 12 is Block 13 if changed, or on an absolute my name appears in Block 12 is Block 13 if changed, or on an absolute my name appears in Block 12 is Block 13 if changed in the receiver of the

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CITY-ST-ZIP

TITLE

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NTEO NAME OF SIGNING OFFICER OR DIRECTOR

PRES. 1/23/96

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Crange Addition

Change Addition