Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P98000080170 METRIC STEEL CORPORATION 01-31-2001 90037 035 ***150.00 Principal Place of Business Mailing Address 226 S.W. 45TH STREET 226 S.W. 45TH STREET CAPE CORAL FL 33914 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0866650 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, CHRISTINE F Street Address (P.O. Box Number is Not Acceptable) 1105 CAPE CORAL PARKWAY, EAST SUITE C CAPE CORAL FL 33904 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change □ Addition FREYER, DENNIS NAME NAME STREET ADDRESS **OHLENDORFFS TANNEN 36** STREET ADDRESS CITY-ST-ZIP D-22359 HAMBURG, GERMANY CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition FREYER, MONIKA NAME NAME **OHLENDORFFS TANNEN 36** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP D-22359 HAMBURG, GERMANY CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FREYER, WOLFGANG NAME NAME STREET ADDRESS **OHLENDORFFS TANNEN 36** STREET ADDRESS CITY-ST-ZIP D-22359 HAMBURG, GERMANY CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby certife 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR