
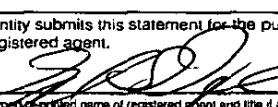
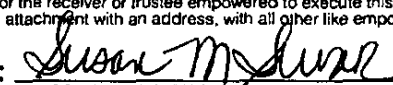


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-16-2004 90055 019 ***150.00

DOCUMENT # F03000000304			
1. Entity Name MAJESTIC STEEL USA, INC.			
Principal Place of Business 5300 MAJESTIC PARKWAY CLEVELAND OH 44146		Mailing Address 5300 MAJESTIC PARKWAY CLEVELAND OH 44146	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CHRISTODOULOU, TONY 1000 BRICKELL AVENUE, SUITE 620 MIAMI FL 33131		7. Name and Address of New Registered Agent Name <u>CT CORPORATION SYSTEM</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 SOUTH PINE ISLAND DRIVE</u> City <u>PLANTATION</u> FL Zip Code <u>33324</u>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Gil S. Apellis, Asst. Secretary DATE: <u>2-25-04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEBOU, DENNIS	NAME	
STREET ADDRESS	5300 MAJESTIC PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44146	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, PETER	NAME	
STREET ADDRESS	5300 MAJESTIC PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44146	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L'EEBOU, JONATHAN	NAME	
STREET ADDRESS	5300 MAJESTIC PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44146	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUVAK, SUSAN	NAME	
STREET ADDRESS	5300 MAJESTIC PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44146	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SUSAN M. SUVAK Treasurer		Date: <u>1-30-04</u>	Daytime Phone #: <u>440-786-2666</u>

66400000



MOORE CR2E034 (11/03)