


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000304
 1. Entity Name
MAJESTIC STEEL USA, INC.



Principal Place of Business Mailing Address
5300 MAJESTIC PARKWAY **5300 MAJESTIC PARKWAY**
CLEVELAND, OH 44146 **CLEVELAND, OH 44146**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
34-1289145 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND DR
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

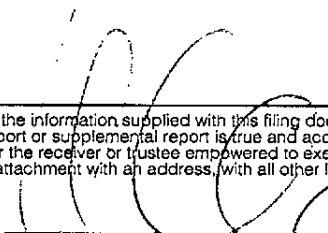
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LEEBOW, DENNIS 5300 MAJESTIC PARKWAY CLEVELAND, OH 44146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DOYLE, PETER 5300 MAJESTIC PARKWAY CLEVELAND, OH 44146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEEBOW, JONATHAN 5300 MAJESTIC PARKWAY CLEVELAND, OH 44146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SUVAK, SUSAN 5300 MAJESTIC PARKWAY CLEVELAND, OH 44146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/02/05-80076-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Dennis Leebow** **1.4.05** **440.786-2666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #