


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90045 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000402
 1. Corporation Name
PREUSSAG INTERNATIONAL STEEL CORPORATION

Principal Place of Business 400 NORTHRIDGE RD., STE 850 ATLANTA GA 30350	Mailing Address P O BOX 501147 ATLANTA GA 31150-1147
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 01/28/1993	
4. FEI Number 58-1448179	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	NOLTE, HARTMUT DR.	
STREET ADDRESS	5780 PEACHTREE-DUNWOODY RD N.E. SUITE 595	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BOTTERBUSCH, REINER	
STREET ADDRESS	5780 PEACHTREE-DUNWOODY RD NE SUITE 595	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEEGER, PETER	
STREET ADDRESS	5780 PEACHTREE-DUNWOODY RD NE SUITE 595	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OSMERG, WOLFGANG	
STREET ADDRESS	5780 PEACHTREE-DUNWOODY RD NE SUITE 595	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRINKMANN, GISELA	
STREET ADDRESS	5780 PEACHTREE-DUNWOODY RD NE SUITE 595	
CITY-ST-ZIP	ATLANTA GA	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	SMITH, DOUG	
STREET ADDRESS	5780 PEACHTREE-DUNWOODY RD NE SUITE 595	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres/CEO, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nolte, Hartmut	
1.3 STREET ADDRESS	400 Northridge Rd, Ste 850	
1.4 CITY-ST-ZIP	Atlanta, GA 30350	
2.1 TITLE	Chairman, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sher, Harold	
2.3 STREET ADDRESS	400 Northridge Rd, Ste 850	
2.4 CITY-ST-ZIP	Atlanta, GA 30350	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Osmerg, Wolfgang	
4.3 STREET ADDRESS	400 Northridge Rd, Ste 850	
4.4 CITY-ST-ZIP	Atlanta, GA 30350	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Brinkmann, Gisela	
5.3 STREET ADDRESS	400 Northridge Rd, Ste 850	
5.4 CITY-ST-ZIP	Atlanta, GA 30350	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Smith, Doug	
6.3 STREET ADDRESS	400 Northridge Rd, Ste 850	
6.4 CITY-ST-ZIP	Atlanta, GA 30350	

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas Smith VP-Finance 2/2/99 (770) 641-6460
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)