

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90042 010 \*\*\*150.00

**DOCUMENT #** 510407 ✓  
**1. Entity Name**  
 REMSEN ALLOYS, INC.

**Principal Place of Business**                      **Mailing Address**  
 4130 N. CANAL ST.  
 P.O. BOX 12248  
 JACKSONVILLE, FL 32209

552992

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**                      **3. Mailing Address**  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.  
 City & State    City & State  
 Zip                      Country                      Zip                      Country

**4. FEI Number**                      **Applied For**  
 59-2664969                                       **Not Applicable**  
**5. Certificate of Status Desired**                       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CORPORATION SERVICE COMPANY  
 1201 HAYES STREET  
 TALLAHASSEE, FL 32301

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City    **FL**                      Zip Code

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

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.**   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 31, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

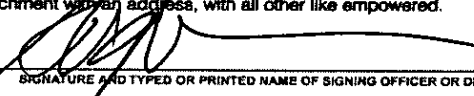
**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Delete HUGO DALLAS 65 S. COLUMBUS AVE. FREEPORT, NY 11520
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input type="checkbox"/> Delete KENNETH D. WOLFE 4130 N. CANAL ST. JACKSONVILLE, FL 32209
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input type="checkbox"/> Delete JOHN PERFETTI 65 S. COLUMBUS AVE. FREEPORT, NY 11520
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 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.**

**SIGNATURE:**  **HUGO DALLAS**                      **4/19/2001**                      **(576) 868-4300**  
Signature and typed or printed name of signing officer or director                      Date                      Cayman Phone #

CR2E034 (11/00)