


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90044 030 \*\*\*150.00

<b>DOCUMENT #</b> P02000134699	
1. Entity Name <b>MAJESTIC STEEL MANAGEMENT COMPANY</b>	

**90100570**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>5300 MAJESTIC PKWY</b>	3. Mailing Address <b>5300 MAJESTIC PARKWAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>CLEVELAND, OH</b>	City & State <b>CLEVELAND, OH</b>	4. FEI Number <b>05-0554491</b>	Applied For Not Applicable
Zip <b>44146</b>	Country <b>USA</b>	Zip <b>44146</b>	Country <b>USA</b>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name <b>CT CORPORATION SYSTEM</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND DRIVE</b>	
City <b>PLANTATION</b>	FL Zip Code <b>33324</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE <b>PRESIDENT</b>	TITLE	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME <b>DENNIS LEEBOW</b>	NAME		
STREET ADDRESS <b>5300 MAJESTIC PKWY</b>	STREET ADDRESS		
CITY-ST-ZIP <b>CLEVELAND, OH 44146</b>	CITY-ST-ZIP		
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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)(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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Dennis Leebow, Pres.** **04-14-03 440-786-2144**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)