
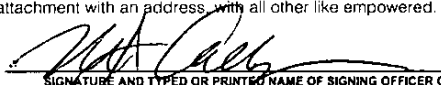
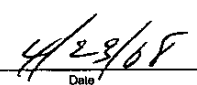


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90191 030 \*\*\*150.00

DOCUMENT # F99000000716			
1. Entity Name O-N MINERALS (LUTTRELL) COMPANY			
Principal Place of Business 486 CLINCH VALLEY RD. LUTTRELL, TN 37779-9414		Mailing Address P O BOX 6508 CLEVELAND, OH 44101-1508	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11 Stanwix Street, 11TH Floor	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pittsburgh, PA	
Zip	Country	Zip	Country
15222	USA	15222	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLAND, JULIE A 1001 LAKESIDE AVE 15TH FLOOR CLEVELAND, OH 441141151 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Thomas A. Buck 11 Stanwix Street, 11TH Floor Pittsburgh, PA 15222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNDIN, MICHAEL D 1001 LAKESIDE AVE 15TH FLOOR CLEVELAND, OH 441141151 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Bruce Inglis 11 Stanwix Street, 11TH Floor Pittsburgh, PA 15222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDIN, MICHAEL D 1001 LAKESIDE AVE 15TH FLOOR CLEVELAND, OH 441141151 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kevin Whyte 11 Stanwix Street, 11TH Floor Pittsburgh, PA 15222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLAND, JULIE A 1001 LAKESIDE AVE 15TH FLOOR CLEVELAND, OH 441141151 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mary D. Colin 11 Stanwix Street, 11TH Floor Pittsburgh, PA 15222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLAND, JULIE A 1001 LAKESIDE AVE 15TH FLOOR CLEVELAND, OH 441141151 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant S Michael Collingwood 11 Stanwix Street, 11TH Floor Pittsburgh, PA 15222 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Michael Collingwood 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		412-995-4966 Daytime Phone #	