# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 29, 2003 8:00 am**
**Secretary of State**
01-29-2003 90065 011 ****55.00

20020319

DOCUMENT # M02000001711

1. Entity Name

BHP STEEL AMERICAS, LLC

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 111 West Ocean Blvd | 111 West Ocean Blvd |
| Suite, Apt. #, etc.: Suite 1370 | Suite, Apt. #, etc.: Suite 1370 |
| City & State: Long Beach | City & State: Long Beach, CA |
| Zip: CA / Country: USA | Zip: 90802 / Country: USA |

4. FEI Number: 81-0556914 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

City: Plantation **FL** Zip Code: 33324

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.

**FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BHP Steel Technology Inc.<br>C/o TNC Corporation Trust Company<br>1209 Orange ST.<br>Wilmington, DE 19801 |
| TITLE | President |
| NAME | Dieter Schulz |
| STREET ADDRESS | 111 West Ocean Blvd, Suite 1370 |
| CITY-ST-ZIP | Long Beach, CA 90802 |
| TITLE | Vice President Finance & Secretary |
| NAME | Jack Marshall |
| STREET ADDRESS | 111 West Ocean Blvd, Suite 1370 |
| CITY-ST-ZIP | Long Beach, CA 90802 |
| TITLE | Vice President |
| NAME | Stuart Bell |
| STREET ADDRESS | Level 2, Admin Building |
| CITY-ST-ZIP | Old Port Rd<br>Port Kembla, New South Wales 2505<br>Australia |
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JM Jack Marshall 1-14-03 562)628-0125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #