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Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03023 (9)  
1. Corporation Name: JONES & LAUGHLIN STEEL INCORPORATED



Principal Place of Business: 25 W. PROSPECT AVE. ATTN: TAX DEP. CLEVELAND OH 44115 US  
Mailing Address: 25 W. PROSPECT AVE. ATTN: TAX DEPT. CLEVELAND OH 44115-1000 US

3. Date Incorporated or Qualified: 08/14/1984  
3a. Date of Last Report: 03/19/1996

21. Principal Place of Business 200 PUBLIC SQUARE City & State: CLEVELAND OHIO Zip: 44114-2308 Country: U.S.	22. Mailing Address 200 PUBLIC SQUARE TAX DEPT. SUITE 39209 City & State: CLEVELAND OHIO Zip: 44114-2308 Country: U.S.	4. FEI Number: 75-1972001	Applied For: Not Applicable
23. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
24. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City
			FL B5 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD NAME: HUGHE, A. W. STREET ADDRESS: 25 W. PROSPECT AVE. CITY-ST-ZIP: CLEVELAND OH	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: HOAG, D.H. STREET ADDRESS: 25 W PROSPECT AVE CITY-ST-ZIP: CLEVELAND OH	<input type="checkbox"/> DELETE	1.2 NAME: 200 PUBLIC SQUARE 1.3 STREET ADDRESS: CLEVELAND, OH 44112-2308 1.4 CITY-ST-ZIP: CLEVELAND, OH 44112-2308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: KELLY, J.P. STREET ADDRESS: 25 W. PROSPECT CITY-ST-ZIP: CLEVELAND OH	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: AC NAME: CROWLEY, B. R. STREET ADDRESS: 25 W PROSPECT AVE CITY-ST-ZIP: CLEVELAND OH	<input type="checkbox"/> DELETE	2.2 NAME: 200 PUBLIC SQUARE 2.3 STREET ADDRESS: CLEVELAND, OH 44112-2308 2.4 CITY-ST-ZIP: CLEVELAND, OH 44112-2308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HEDRICK, H.L. JR STREET ADDRESS: 25 W PROSPECT AVE CITY-ST-ZIP: CLEVELAND OH	<input type="checkbox"/> DELETE	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P NAME: SKUREK, J. C. STREET ADDRESS: 25 W PROSPECT AVENUE CITY-ST-ZIP: CLEVELAND OH	<input type="checkbox"/> DELETE	3.2 NAME: AC 3.3 STREET ADDRESS: W.L. KELLY 3.4 CITY-ST-ZIP: 200 PUBLIC SQUARE CLEVELAND, OH 44112-2308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME: 200 PUBLIC SQUARE 4.3 STREET ADDRESS: CLEVELAND, OH 44112-2308 4.4 CITY-ST-ZIP: CLEVELAND, OH 44112-2308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME: 200 PUBLIC SQUARE 5.3 STREET ADDRESS: CLEVELAND, OH 44112-2308 5.4 CITY-ST-ZIP: CLEVELAND, OH 44112-2308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME: 200 PUBLIC SQUARE 6.3 STREET ADDRESS: CLEVELAND, OH 44112-2308 6.4 CITY-ST-ZIP: CLEVELAND, OH 44112-2308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: Will Kelly W.L. KELLY 4-23-97 ASSISTANT CONTROLLER (216) 622-5053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)