

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90238 024 ***150.00

UNIFORM
 A1

DOCUMENT # P03023
 1. Entity Name
JONES & LAUGHLIN STEEL INCORPORATED

Principal Place of Business 200 PUBLIC SQUARE CLEVELAND OH 44414-2308 US	Mailing Address 200 PUBLIC SQUARE TAX DEPT STE 39209 CLEVELAND OH 44114-2308 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 75-1972001	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENNING, GEORGE T 200 PUBLIC SQUARE CLEVELAND OH <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRICKER, WILLIAM H 200 PUBLIC SQUARE CLEVELAND OH 44114 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC KELLY, WILL L 200 PUBLIC SQUARE CLEVELAND OH 44114-2306 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORAN, GLENN J 200 PUBLIC SQUARE CLEVELAND OH <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SKUREK, J. C 200 PUBLIC SQUARE CLEVELAND OH <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLEISCH, W DAVID 200 PUBLIC SQUARE CLEVELAND OH 44114 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT & CONTROLLER JOHN T. DELMORE 6801 BRECKSVILLE ROAD INDEPENDENCE OH 44131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANK E. FILIPOVITZ 6801 BRECKSVILLE ROAD INDEPENDENCE OH 44131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6801 BRECKSVILLE ROAD INDEPENDENCE OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6801 BRECKSVILLE ROAD INDEPENDENCE OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER JAMES W. CROLL 6801 BRECKSVILLE ROAD INDEPENDENCE OH 44131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6801 BRECKSVILLE ROAD INDEPENDENCE OH 44131

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: WILL KELLY **WILL KELLY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 1-18-02 DAYTIME PHONE #: 216-642-2263

CP2E034 (9/01)