2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005714

Entity Name: QUANEX IG SYSTEMS, INC.

Current Principal Place of Business:

800 COCHRAN AVE

CAMBRIDGE, OH 43725-9317

Current Mailing Address:

800 COCHRAN AVE

CAMBRIDGE. OH 43725-9317

FEI Number: 31-1411562 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 US

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Apr 05, 2017

Secretary of State

CC6846972567

Officer/Director Detail:

Title PRESIDENT Title VP

Name WILSON, GEORGE B Name GRIFFITHS, WILLIAM C

Address 800 COCHRAN AVE Address 1800 WEST LOOP SOUTH SUITE 1500

City-State-Zip: CAMBRIDGE OH 43725

City-State-Zip: HOUSTON TX 77027

Title SECRETARY, DIRECTOR

Name DELANEY, KEVIN P

Title CFO, DIRECTOR

Name KORB, BRENT L

Address 1800 WEST LOOP SOUTH SUITE 1500 Address 1800 WEST LOOP SOUTH SUITE 1500

City-State-Zip: HOUSTON TX 77027

City-State-Zip: HOUSTON TX 77027

Title ASST. SECRETARY
Title VP, CONTROLLER
Name ROYCE, THOMAS R

Address 1800 WEST LOOP SOUTH SUITE 1500 Name WILLIAMS, DEWAYNE

Address 1800 WEST LOOP SOUTH SUITE 1500

City-State-Zip: HOUSTON TX 77027

Title ASST. SECRETARY
Name CORNETT, PAUL B

Address 1800 WEST LOOP SOUTH SUITE 1500

HOUSTON TX 77027

City-State-Zip: HOUSTON TX 77027

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS R. ROYCE ASST. SECRETARY 04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date