

**2016 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WILSON, GEORGE B  
Address        800 COCHRAN AVE  
City-State-Zip: CAMBRIDGE OH 43725

Title            SECRETARY, DIRECTOR  
Name            DELANEY, KEVIN P  
Address        1800 WEST LOOP SOUTH SUITE 1500  
City-State-Zip: HOUSTON TX 77027

Title            ASST. SECRETARY  
Name            ROYCE, THOMAS R  
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  
City-State-Zip: HOUSTON TX 77027

Title            VP  
Name            GRIFFITHS, WILLIAM C  
Address        1800 WEST LOOP SOUTH SUITE 1500  
City-State-Zip: HOUSTON TX 77027

Title            CFO, DIRECTOR  
Name            KORB, BRENT L  
Address        1800 WEST LOOP SOUTH SUITE 1500  
City-State-Zip: HOUSTON TX 77027

Title            VP, CONTROLLER  
Name            WILLIAMS, DEWAYNE  
Address        1800 WEST LOOP SOUTH SUITE 1500  
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****04/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date