

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90012 048 ***150.00

DOCUMENT # 809107

1. Entity Name

LTV STEEL COMPANY, INC.

Principal Place of Business

Mailing Address

**200 PUBLIC SQUARE
 TAX DEPT. STE 39-210
 CLEVELAND OH 44114-2308
 US**

**200 PUBLIC SQUARE
 TAX DEPT. STE 39-210
 CLEVELAND OH 44114-2308
 US**

A0027203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-0486510**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HIDDLE, R J	
STREET ADDRESS	200 PUBLIC SQUARE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAECK, J F	
STREET ADDRESS	200 PUBLIC SQRE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENNING, G.T.	
STREET ADDRESS	200 PUBLIC SQRE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	KELLY, J.P.	
STREET ADDRESS	200 PUBLIC SQRE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SKUREK, J.C.	
STREET ADDRESS	200 PUBLIC SQRE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MORAN, G. J.	
STREET ADDRESS	200 PUBLIC SQRE	
CITY-ST-ZIP	CLEVELAND OH	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIPPLE, RJ	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRICKER	
STREET ADDRESS	200 PUBLIC SQUARE	
CITY-ST-ZIP	CLEVELAND OH 44114-2308	
TITLE	VF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
ASSISTANT CONTROLLER 2-22-01 (216) 622-5053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)