

810265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

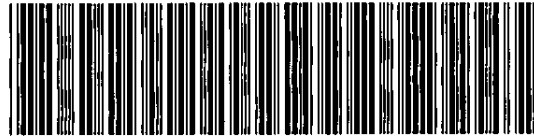
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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300142970113

02/16/09--01001--009 **43.75

RECEIVED
09 FEB 13 PM 3:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 FEB 13 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Withhold
C.COULLIETTE

FEB 16 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 02-13-2009

REF. #: 000631.99903

CORP. NAME: UNITED STATES STEEL AND CARNEGIE PENSION FUND

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input checked="" type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 529 282 FOR \$ 43.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

NON-PROFIT
**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

UNITED STATES STEEL AND CARNEGIE PENSION FUND

(Name of Corporation)

Pennsylvania

(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

c/o Office of the Secretary, 600 Grant Street

(Mailing Address)

Pittsburgh, PA 15219-2880

(City/ State /Zip)

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TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



Signature of the chairman or vice chairman of the board,
president, or any officer.

Secretary

Title

Mary Beth Taylor

Typed or printed name

02/11/2009

Date


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 FEB 13 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200143592262
02/16/09--01001--005 **115.00
200143592262
02/13/09--01003--001 **2037.50

CR2E081 (10/08)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F99000004059

1. Corporation Name

MTU NORTH AMERICA, INC.

2. Principal Office Address - No P.O. Box #

13400 Outer Drive West

Suite, Apt. #, etc.

City & State

Detroit, MI

Zip

48239

Country

USA

3. Mailing Office Address

13400 Outer Drive West

Suite, Apt. #, etc.

City & State

Detroit, MI

Zip

48239

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

08/06/1999

5. FEI Number

222209594

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Doreen Wallace
REGISTERED AGENT MUST SIGN

Doreen Wallace
Assistant Vice President

Date 11/12/2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Matthias Vogel - President/CEO	13400 Outer Drive West	Detroit, MI 48239
T	Anke Lorscheid -Treasurer/CFO	13400 Outer Drive West	Detroit, MI 48239
S	Joshua W. Yaker - Secretary	13400 Outer Drive West	Detroit, MI 48239
D	Volker Heuer - Director	13400 Outer Drive West	Detroit, MI 48239
D	Joachim Coers - Director	13400 Outer Drive West	Detroit, MI 48239

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joshua W. Yaker

Joshua W. Yaker

313-592-5578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 887790 7568563

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : February 10, 2009

ORDER TIME : 11:51 AM

ORDER NO. : 887790-005

CUSTOMER NO: 7568563

REINSTATEMENT

NAME: MTU NORTH AMERICA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS _____

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