

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **826188** (5)

1. Corporation Name
ARMCO STEEL CORPORATION

Principal Place of Business

**301 GRANT STREET
ONE OXFORD CENTER
PITTSBURG PA 15219**

Mailing Address

**301 GRANT STREET
ONE OXFORD CENTER
PITTSBURG PA 15219-1407**



3. Date Incorporated or Qualified 05/18/1971	3a. Date of Last Report 04/12/1996
4. FEI Number 31-0789863	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 15219-1415 25	29 15219-1415 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDRETH, G R	1.2 NAME	GARY R. HILDRETH
STREET ADDRESS	532 DEAN RD	1.3 STREET ADDRESS	ONE OXFORD CTR, 301 GRANT ST.
CITY-ST-ZIP	MARS PA	1.4 CITY-ST-ZIP	PITTSBURGH PA 15219-1415
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, C.M.	2.2 NAME	CARLOS M. HERNANDEZ
STREET ADDRESS	5 OLD TIMBER TRAIL	2.3 STREET ADDRESS	ONE OXFORD CTR, 301 GRANT ST.
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP	PITTSBURGH PA 15219-1415
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COREY JOHN B.	3.2 NAME	
STREET ADDRESS	ONE OXFORD CENTRE, 301 GRANT STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTSCH, J. L	4.2 NAME	JAMES L. BERTSCH
STREET ADDRESS	115 BRECKENRIDGE DR	4.3 STREET ADDRESS	ONE OXFORD CTR, 301 GRANT ST.
CITY-ST-ZIP	WEXFORD PA	4.4 CITY-ST-ZIP	PITTSBURGH PA 15219-1415
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PAUL L	5.2 NAME	PAUL L. SMITH
STREET ADDRESS	307 OXBRIDGE CT	5.3 STREET ADDRESS	ONE OXFORD CTR, 301 GRANT ST.
CITY-ST-ZIP	PITTSBURGH PA	5.4 CITY-ST-ZIP	PITTSBURGH PA 15219-1415
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	AS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURMAN, THOMAS D	6.2 NAME	THOMAS D. THURMAN
STREET ADDRESS	200 EDGEWOOD RD	6.3 STREET ADDRESS	ONE OXFORD CTR, 301 GRANT ST.
CITY-ST-ZIP	BUTLER PA	6.4 CITY-ST-ZIP	PITTSBURGH PA 15219-1415

14. I do 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 annual report or supplemental annual 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul L. Smith* **PAUL L. SMITH, ASS'T. TREASURER** (412) 255-9895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)