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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthum  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **852249** (2)  
1. Corporation Name  
**THE LTV CORPORATION**

Principal Place of Business Mailing Address  
**25 W. PROSEPT 1641GH  
ATTN: CORP TAX  
CLEVELAND OH 44115  
US** **25 W. PROSEPT 1641GH  
ATTN: CORP TAX  
CLEVELAND OH 44115  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/18/1982** 3a. Date of Last Report **03/03/1994**

4. FEI Number **75-1070950** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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. 25. 29. 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 **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HOAG, DAVID H.
STREET ADDRESS	25 W SPROSPECT, 1641GH
CITY-ST-ZIP	CLEVELAND OH 44115
TITLE	V
NAME	MORAN, GLENN J
STREET ADDRESS	25 W. PROSPECT, 1641GH
CITY-ST-ZIP	CLEVELAND OH 44115
TITLE	S
NAME	HEDRICK, HAL C.
STREET ADDRESS	25 W PROSPECT; 1641GH
CITY-ST-ZIP	CLEVELAND OH 44115
TITLE	D
NAME	EVANS, JOHN C.
STREET ADDRESS	25 W. PROSPECT AVE., SUITE 1641GH
CITY-ST-ZIP	CLEVELAND OH
TITLE	V
NAME	ALTHOFF, DAVID E
STREET ADDRESS	25 W. PROSPECT, 1641GH
CITY-ST-ZIP	CLEVELAND OH 44115
TITLE	D
NAME	BRICKER, WILLIAM H.
STREET ADDRESS	25 W PROSPECT 1641GH
CITY-ST-ZIP	CLEVELAND OH 44115

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VS MORAN, GLEN</b>
2.3 STREET ADDRESS	<b>25 W PROSPECT; 1641GH</b>
2.4 CITY-ST-ZIP	<b>CLEVELAND, OH 44115</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>V KELLY, J. PETER</b>
3.3 STREET ADDRESS	<b>25 W PROSPECT; 1641GH</b>
3.4 CITY-ST-ZIP	<b>CLEVELAND, OH 44115</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE:  **B.R. CROWLEY**  
ASSISTANT CONTROLLER 2-22-95 (216) 622-5053