

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **03/18/1982**
3a. Date of Last Report: **03/03/1995**
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: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 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 Main Applicant. (Initials) Registered Agent signature required when certifying.

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOAG, DAVID H.	
STREET ADDRESS	25 W SPROSPECT, 1641GH	
CITY - ST - ZIP	CLEVELAND OH 44115	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MORAN, GLEN	
STREET ADDRESS	25 W. PROSPECT:1641GH	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KELLY, J. PETER	
STREET ADDRESS	25 W PROSPECT:1641GH	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, JOHN C.	
STREET ADDRESS	25 W. PROSPECT AVE., SUITE 1641GH	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ALTHOFF, DAVID E	
STREET ADDRESS	25 W. PROSPECT, 1641GH	
CITY - ST - ZIP	CLEVELAND OH 44115	
TITLE	D	<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	VP AND CFO
5.3 STREET ADDRESS	ARTHUR W. HUGG
5.4 CITY - ST - ZIP	25 W. PROSPECT, 1641GH
5.4 CITY - ST - ZIP	CLEVELAND, OH 44115
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 119.07(3)(k), 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 attachment to this address.

SIGNATURE: *B.R. Crowley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LTV: **B.R. CROWLEY**
ASST CONTROLLER 3-12-96
Daytime Phone #: **(216) 622-5053**

CR2E034 (12/95)