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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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. PROSEPT 1641GH, ATTN: CORP TAX, CLEVELAND OH 44115 US
Mailing Address: 25 W. PROSEPT 1641GH, ATTN: CORP TAX, CLEVELAND OH 44115 US

3. Date Incorporated or Qualified: 03/18/1982
3a. Date of Last Report: 03/19/1996
4. FEI Number: 75-1070950
6. 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: 21 200 PUBLIC SQUARE, Suite, Apt. #, etc.: 22 CLEVELAND OH 10, Zip: 44114-2308, Country: US
2a. Mailing Address: 26 200 PUBLIC SQUARE, Suite, Apt. #, etc.: 27 TAX DEPT, SUITE 39209, City & State: 28 CLEVELAND OH 10, Zip: 44114-2308, Country: U.S.

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: FL

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	VCFO	<input type="checkbox"/> DELETE
NAME	HUGE, ARTHUR W.	
STREET ADDRESS	25 W. PROSPECT 1641GH	
CITY-ST-ZIP	CLEVELAND OH	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	206 PUBLIC SQUARE
1.4 CITY-ST-ZIP	CLEVELAND, OH 44114-2308
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	200 PUBLIC SQUARE
2.4 CITY-ST-ZIP	CLEVELAND, OH 44114-2308
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	200 PUBLIC SQUARE
3.4 CITY-ST-ZIP	CLEVELAND, OH 44114-2308
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	200 PUBLIC SQUARE
4.4 CITY-ST-ZIP	CLEVELAND, OH 44114-2308
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	200 PUBLIC SQUARE
5.4 CITY-ST-ZIP	CLEVELAND, OH 44114-2308
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	200 PUBLIC SQUARE
6.4 CITY-ST-ZIP	CLEVELAND, OH 44114-2308

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: William Kelly **REQUIRED** W.H. KELLY 4-23-97 216-
ASSISTANT CONTROLLER 622-5053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)