2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State **DOCUMENT #852249** 1. Entity Name THE LTV CORPORATION 04-18-2000 90227 005 ***150.00 Mailing Address Principal Place of Business 200 PUBLIC SQUARE 200 PUBLIC SQUARE TAX DEPT., STE, 39209 ATTN: CORP TAX CLEVELAND OH 44114-2308 **CLEVELAND OH 44114-2301** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 75-1070950 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE SKUREK, JOHN C NAME 200 PUBLIC SQ. STREET ADDRESS STREET ADDRESS CLEVELAND OH CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE MORAN, GLEN NAME NAME 200 PUBLIC SQ. STREET ADDRESS STREET ADDRESS CLEVELAND OH CITY-ST-ZIP CITY-ST-ZIP PC00 ☐ Delete Change ☐ Addition TITLE TITLE Kelly, J. Peter NAME NAME 200 PUBLIC SQUARE STREET ADDRESS STREET ADDRESS CLEVELAND OH CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE JACOB, JOHN E. NAME NAME 200 PUBLIC SQ STREET ADDRESS STREET ADDRESS **CLEVELAND OH 44114** CITY-ST-ZIP CITY-ST-7IP VCFO Change Addition **X**Delete TITLE TITLE HENNING, GEORGE T. 200 PUBLIC SQUARE HUGE, ARTHUR W. NAME NAME 200 PUBLIC SQ. STREET ADDRESS STREET ADDRESS CLEVELAND OH 44114 **CLEVELAND OH** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE BRICKER, WILLIAM H. NAME NAME

I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ASSISTANT ASSISTANT CONTROLLER

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200 PUBLIC SQ.

CLEVELAND OH

ED OR PRINTED NAME OF

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