

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90238 023 ***150.00

DOCUMENT # 852249

1. Entity Name
THE LTV CORPORATION

Principal Place of Business

**200 PUBLIC SQUARE
 ATTN: CORP TAX
 CLEVELAND OH 44114-2308
 US**

Mailing Address

**200 PUBLIC SQUARE
 TAX DEPT.. STE. 39209
 CLEVELAND OH 44114-2308
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-1070950

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SKUREK, JOHN C 200 PUBLIC SQ. CLEVELAND OH	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MORAN, GLEN 200 PUBLIC SQ. CLEVELAND OH 44114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAECK, JAMES F 200 PUBLIC SQUARE CLEVELAND OH 44114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, JOHN E. 200 PUBLIC SQ CLEVELAND OH 44114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENNING, GEORGE T 200 PUBLIC SQ. CLEVELAND OH 44114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BRICKER, WILLIAM H. 200 PUBLIC SQ. CLEVELAND OH 44114	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN, PRESIDENT & CEO GLENN J. MORAN 6801 BRECKSVILLE ROAD INDEPENDENCE OH 44131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT & CONTROLLER JOHN T. DELHORS 6801 BRECKSVILLE ROAD INDEPENDENCE OH 44131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT & SECRETARY & DIRECTOR N. DAVID BLEISCH 6801 BRECKSVILLE ROAD INDEPENDENCE OH 44131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT CONTROLLER WILL KELLY 6801 BRECKSVILLE ROAD INDEPENDENCE OH 44131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANK E. FILIPOVITZ 6801 BRECKSVILLE ROAD INDEPENDENCE OH 44131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER JAMES W. CROLL 6801 BRECKSVILLE ROAD INDEPENDENCE OH 44131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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.

SIGNATURE: WILLIAM H. BRICKER **REQUIRE** ASSISTANT CONTROLLER Date 1-18-02 Daytime Phone # 216-642-2263

CPRE034 (9/01)