


FILED
Mar 10, 2008 8:00 am
Secretary of State

DOCUMENT # F05000006933			
1. Entity Name STEEL DYNAMICS SALES NORTH AMERICA, INC.			
Principal Place of Business 6714 POINTE INVERNESS WAY, SUITE 200 FORT WAYNE, IN 46804		Mailing Address 6714 POINTE INVERNESS WAY, SUITE 200 FORT WAYNE, IN 46804	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSSE, KEITH E <input type="checkbox"/> Delete 6714 POINTE INVERNESS WAY, SUITE 200 FORT WAYNE, IN 46804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLETT, MARK D <input type="checkbox"/> Delete 6714 POINTE INVERNESS WAY, SUITE 200 FORT WAYNE, IN 46804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS TEETS, RICHARD P JR <input type="checkbox"/> Delete 6714 POINTE INVERNESS WAY, SUITE 200 FORT WAYNE, IN 46804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSCF HEASLEY, GARY E <input type="checkbox"/> Delete 6714 POINTE INVERNESS WAY, SUITE 200 FORT WAYNE, IN 46804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOLAN, JOHN W <input type="checkbox"/> Delete 6714 POINTE INVERNESS WAY, SUITE 200 FORT WAYNE, IN 46804		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Mary L. Fin</u> Mary L. Fin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			