6/15/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

REGISTERED AGENT CHANGE AK STEEL CORPORATION

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JUN 16 2020

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, tion organized under the laws of the State of DE. or registered agent, or both, in the State of Florida.	this
	the corporation: AK STEEL COR		
	l office address:Pointe Drive,West Chester, Ohio 4	15069	
3. The mailing	address (if different):		
4. Date of incom	poration/qualification: 06/22/20	07 Document number: F07000003191	
	d street address of the current re atment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)	
	CORPORATION SERVICE CO	MPANY	
	1201 HAYS STREETTALLAH	ASSEE, FL 32301	ĩũ
			70 JU
6. The name an (if changed):		tered agent (if changed) and /or registered office	7020 JULI 15 T
	CT Corporation System		vii 9: N8
	clo C T Corporation System, 1200 South Pine Island Road		
	Plantation, Florida 33324	O Box NOT acceptable	
The street adda as changed wil	ress of its registered office and t I be identical.	the street address of the business office of its registe	red agent,
Such change was thorized by t	as authorized by resolution duly he board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.	
PDE	langer	Patricia Belanger, Secretary	
I hereby accep I further agree performance p agent. Or, iffil	to comply with the provisions of fany duties, and I am familiar w Is document is heing filed mere	Primed of typed tunic and tule attent and agree to act in this capacity, of all statutes relative to the proper and complete ith and accept the obligation of my position as regis ely to reflect a change in the registered office addres notified in writing of this change.	stered ss, I
By: // 7/2	rporation System	06/15/2020	
	grature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
Jennifer Kurz, A	<u> </u>	_	
-	Typed or Printed Name		

* * * FILING FEE: \$35.00 * * *

FLIDS - 6/25/2019 Woners Kluwer Coline