

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002904

FILED
Mar 27, 2007
Secretary of State

Entity Name: BOHLER-UDDEHOLM CORPORATION

Current Principal Place of Business:

4902 TOLLVIEW DRIVE
ROLLING MEADOWS, IL 60008

New Principal Place of Business:

Current Mailing Address:

4902 TOLLVIEW DRIVE
ROLLING MEADOWS, IL 60008

New Mailing Address:

FEI Number: 13-1420260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: RAIDL, CLAUD J
Address: MODECENTERSTRASSE 14/A/3
City-St-Zip: A-1030 VIENNA, AUSTRIA,

Title: PD () Delete
Name: NILSSON, TOMMIE
Address: 4902 TOLLVIEW DRIVE
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: SD () Delete
Name: PILLI, AL
Address: 4902 TOLLVIEW DRIVE
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: D () Delete
Name: KONIGSLEHNER, HORST
Address: MODECENTERSTRASSE 14/1/3
City-St-Zip: A-1030 VIENNA, AUSTRIA,

Title: D () Delete
Name: STIX, HEIMO
Address: MODECENTERSTRASSE 14/A/3
City-St-Zip: A-1030 VIENNA, AUSTRIA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AL PILLI

SD

03/27/2007

Electronic Signature of Signing Officer or Director

_____ Date