

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002904

FILED  
Apr 30, 2008  
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:

2505 MILLENNIUM DRIVE  
ELGIN, IL 60124

## Current Mailing Address:

4902 TOLLVIEW DRIVE  
ROLLING MEADOWS, IL 60008

## New Mailing Address:

2505 MILLENNIUM DRIVE  
ELGIN, IL 60124

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, CLAUS 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: PD (X) Change ( ) Addition  
Name: NILSSON, TOMMIE  
Address: 2505 MILLENNIUM DRIVE  
City-St-Zip: ELGIN, IL 60124

Title: SD (X) Change ( ) Addition  
Name: PILLI, AL  
Address: 2505 MILLENNIUM DRIVE  
City-St-Zip: ELGIN, IL 60124

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 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

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date