PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIL FORM.

1 of 3

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 26 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002904

1. Corporation Name

BOHLER-UDDEHOLM CORPORATION

2. Principal Office Address	**3.** Mailing Office Address
4902 Tollview Drive	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rolling Meadows, IL	City & State
Zip: 60008 Country: U.S.A.	Zip Country

94-02 ffm

4. Date Incorporated or Qualified To Do Business in Florida: 6-23-93

5. FEI Number: 13-1420260 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of ~~Current~~ New Registered Agent

Name: C T Corporation System

100009215T1
12/30/02--01002--026 **195.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Jeffrey R. Graves Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 11/25/02

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	SEE ATTACHMENTS.		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Al Pilli, Secretary 11/8/02 847-577-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 3

BOHLER-UDDEHOLM CORPORATION -OFFICERS-		
NAME	**TITLE**	**ADDRESS**
Claus J. Raidl	Chairman of the Board	Modecenterstrasse 14/A/3 A-1030 Vienna, AUSTRIA
Erik Svendsen	President	4902 Tollview Drive Rolling Meadows, IL 60008 USA
Al Pilli	Secretary	4902 Tollview Drive Rolling Meadows, IL 60008 USA

The officers' terms will expire upon the election and qualification of their respective successors.

Bdl3

BOHLER-UDDEHOLM CORPORATION
- BOARD OF DIRECTORS -

NAME	TITLE	ADDRESS
Claus J. Raidl	Chairman Of The Board	Modecenterstrasse 14/A/3 A-1030 Vienna, AUSTRIA
Erik Svendsen	Director	4902 Tollview Drive Rolling Meadows, IL 60008 USA
Horst Königslehner	Director	Modecenterstrasse 14/A/3 A-1030 Vienna, AUSTRIA
Bengt Nilsson	Director	SE-683 85 Hagfors, SWEDEN
Heimo Stix	Director	Modecenterstrasse 14/A/3 A-1030 Vienna, AUSTRIA
Robert Bauer	Director	Modecenterstrasse 14/A/3 A-1030 Vienna, AUSTRIA
Al Pilli	Secretary	4902 Tollview Drive Rolling Meadows, IL 60008 USA