

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | |
|--|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M98000000924

LTV STEEL PRODUCTS, LLC
200 PUBLIC SQUARE
CLEVELAND OH 44114-2308

| | | | |
|-------------------------------|---------|---------------------|---------|
| 2 Principal Place of Business | | 2a. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
99 MAR 15 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address
200 PUBLIC SQUARE
CLEVELAND OH 44114

| | |
|--|--|
| 3. Date Organized or Qualified 08/24/1998 | 3a. State of Formation DE |
| 4. FEI Number 34-1858804 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

7. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

600002814906--4
-03/23/99--01032--009
****188.75 ****188.75

8. Name and Address of New Registered Agent/Office
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ Zip Code
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when it is stated) DATE _____

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|----------------|-----------------------------|------------------------------|--------------------------|
| MGR | HENNING, GEORGE T | 200 PUBLIC SQUARE | CLEVELAND OH |
| MGR | HUFFMAN, DAVID F | 200 PUBLIC SQUARE | CLEVELAND OH |
| MGR | HUFFMAN, DAVID F | 200 PUBLIC SQUARE | CLEVELAND OH |
| MGR | HUGE, ARTHUR W | 200 PUBLIC SQUARE | CLEVELAND OH |
| MGR | O'NEILL, JAMES B | 200 PUBLIC SQUARE | CLEVELAND OH |
| MGR | SKUREK, JOHN C | 200 PUBLIC SQUARE | CLEVELAND OH |

SL
3-19-99

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: John C. Skurek JOHN C. SKUREK 3-9-99 (216) 622-5053