

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0015122 AF

**DOCUMENT # M98000000924**  
1. Entity Name  
LTV STEEL PRODUCTS, LLC

00 APR 17 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 200 PUBLIC SQUARE, CLEVELAND OH 44114-2308  
Mailing Address: 200 PUBLIC SQUARE, CLEVELAND OH 44114-2301



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE  
MUM  
4. FEI Number: 34-1858804  
Applied For:  Not Applicable

City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

8. 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENNING, GEORGE T 200 PUBLIC SQUARE CLEVELAND OH 44114-2308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003228947--5 -04/28/00--01073--007 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUFFMAN, DAVID F 200 PUBLIC SQUARE CLEVELAND OH 44114-2308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUGE, ARTHUR W 200 PUBLIC SQUARE CLEVELAND OH 44114-2308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR: BLEISCH, N. DAVID 200 PUBLIC SQUARE CLEVELAND, OH 44114-2304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'NEILL, JAMES B 200 PUBLIC SQUARE CLEVELAND OH 44114-2308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKUREK, JOHN C 200 PUBLIC SQUARE CLEVELAND OH 44114-2308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LTV STEEL COMPANY, INC 200 PUBLIC SQUARE CLEVELAND, OH 44114-2308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. I 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 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.

SIGNATURE: *John C. Skurek* **REQUIRED** JOHN C. SKUREK (216) 622-5053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)