

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000001819

Entity Name: CLEVELAND-CLIFFS INC.**Current Principal Place of Business:**200 PUBLIC SQUARE, SUITE 3300
CLEVELAND, OH 44114-2315**Current Mailing Address:**200 PUBLIC SQUARE, SUITE 3300
CLEVELAND, OH 44114-2315 US**FEI Number:** 34-1464672**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title DIRECTOR
Name BALDWIN, JOHN T.
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315

Title DIRECTOR
Name GERBER, WILLIAM K.
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315

Title CHAIRMAN, DIRECTOR, PRESIDENT
AND CHIEF EXECUTIVE OFFICER
Name GONCALVES, LOURENCO
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315

Title DIRECTOR
Name GREEN, SUSAN MIRANDA
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315

Title DIRECTOR
Name FISHER, ROBERT
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315

Title SENIOR VICE PRESIDENT, FINANCE &
TREASURER
Name GONCALVES, CELSO L. JR.
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315

Title EXECUTIVE VICE PRESIDENT, CHIEF
LEGAL OFFICER & SECRETARY
Name GRAHAM, JAMES D.
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315

Title DIRECTOR
Name HARLAN, M. ANN
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315

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I hereby 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 all other like empowered.

SIGNATURE: LOURENCO GONCALVES**PRESIDENT****05/31/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MICHAEL, RALPH S. III
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315

Title DIRECTOR
Name RYCHEL, ERIC M.
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315

Title DIRECTOR
Name TAYLOR, DOUGLAS C.
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315

Title DIRECTOR
Name MILLER, JANET L.
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315

Title DIRECTOR
Name STOLIAR, GABRIEL
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315

Title DIRECTOR
Name YOCUM, ARLENE M.
Address 200 PUBLIC SQUARE, SUITE 3300
City-State-Zip: CLEVELAND OH 44114-2315