

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001819

**Entity Name:** CLIFFS NATURAL RESOURCES 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 PRESIDENT, DIRECTOR  
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 RUTKOWSKI, JOSEPH A.  
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 SECRETARY  
Name GRAHAM, JAMES D.  
Address 200 PUBLIC SQUARE  
SUITE 3300  
City-State-Zip: CLEVELAND OH 44114-2315

Title TREASURER  
Name PETISH, DWAYNE M.  
Address 200 PUBLIC SQUARE  
SUITE 3400  
City-State-Zip: CLEVELAND OH 44114-2315

Title DIRECTOR  
Name SAWYER, JAMES S  
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

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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