

1.) CORPORATION NAME:

**BlueScope Construction, Inc.**

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F0270241**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 1,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O BLUESCOPE BUILDINGS NORTH AMERICA INC.  
PO BOX 419917

CITY/ST/ZIP: KANSAS CITY, MO 64141-6917

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|                 |                       |   |  |
|-----------------|-----------------------|---|--|
| NAME:           | MATTHEW THREADGILL    | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT             |   |  |
| ADDRESS:        | 1540 GENESSEE STREET  |   |  |
| CITY/ST/ZIP/CO: | KANSAS CITY, MO 64102 |   |  |

|                 |                       |   |                                   |
|-----------------|-----------------------|---|-----------------------------------|
| NAME:           | KERRY DOMKE           | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VP/AT                 |   |                                   |
| ADDRESS:        | 1540 GENESSEE ST      |   |                                   |
| CITY/ST/ZIP/CO: | KANSAS CITY, MO 64102 |   |                                   |

|                 |                       |   |                                   |
|-----------------|-----------------------|---|-----------------------------------|
| NAME:           | MISHCA WALICZEK       | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VP/GC/SEC             |   |                                   |
| ADDRESS:        | 1540 GENESSEE         |   |                                   |
| CITY/ST/ZIP/CO: | KANSAS CITY, MO 64102 |   |                                   |

|                 |                       |   |                                   |
|-----------------|-----------------------|---|-----------------------------------|
| NAME:           | SEAN POWER            | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY             |   |                                   |
| ADDRESS:        | 1540 GENESSEE STREET  |   |                                   |
| CITY/ST/ZIP/CO: | KANSAS CITY, MO 64102 |   |                                   |

|                 |                       |                                  |  |
|-----------------|-----------------------|----------------------------------|--|
| NAME:           | DAN KUMM              | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR              |                                  |  |
| ADDRESS:        | 1540 GENESSEE ST      |                                  |  |
| CITY/ST/ZIP/CO: | KANSAS CITY, MO 64102 |                                  |  |

|                 |                       |                                  |  |
|-----------------|-----------------------|----------------------------------|--|
| NAME:           | DOUGLAS LANGE         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR              |                                  |  |
| ADDRESS:        | 1540 GENESSEE ST      |                                  |  |
| CITY/ST/ZIP/CO: | KANSAS CITY, MO 64102 |                                  |  |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                  |           |
|---|----------------------------------|-----------|
| /s/ MISHCA WALICZEK                                 | MISHCA WALICZEK, VP/GC/SEC       | 8/29/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE      |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.