

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
SeverCorr, LLC		01/01/2009	CORPORATION: MISSISSIPPI
RECEIVING PARTY DATA			
Name:	Severstal Columbus, LLC		
Street Address:	100 Industrial Park Road		
Internal Address:	Admin Building		
City:	Columbus		
State/Country:	MISSISSIPPI		
Postal Code:	39701		
Entity Type:	LIMITED LIABILITY COMPANY: MISSISSIPPI		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	77636808	SEVERFORM	
CORRESPONDENCE DATA			
Fax Number:	(412)288-3063		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	4122887284		
Email:	scoffman@reedsmith.com		
Correspondent Name:	Kirsten R. Rydstrom		
Address Line 1:	P.O. Box 488		
Address Line 4:	Pittsburgh, PENNSYLVANIA 15230-0488		
ATTORNEY DOCKET NUMBER:	08200 262793.20002.001397		
NAME OF SUBMITTER:	Kirsten R. Rydstrom		
Signature:	/Kirsten R. Rydstrom/		
Date:	06/25/2009		

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Total Attachments: 2

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333
Certificate of Amendment



The undersigned, pursuant to Senate Bill No. 2395, Chapter 402, Laws of 1994, hereby executes the following Certificate of Amendment and sets forth:

1. Name of Limited Liability Company

SeverCorr, LLC

2. The future effective date of the amendment (Complete if applicable)

January 1, 2009

3. The amendment to the certificate is as follows

1. The name of the limited liability company is Severstal Columbus, LLC.

By: Signature

Martin Szymanski

(Please keep writing within blocks)

Printed Name

MARTIN SZYMANSKI

Title

VICE PRESIDENT

Street and Mailing Address

Physical Address

100 Industrial Park Road, Admin Building

P.O. Box

City, State, ZIP5, ZIP4

Columbus

MS

39701 -

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333
Certificate of Amendment



By: Signature (Please keep writing within blocks)

Printed Name

Title

Street and Mailing Address

Physical Address

P.O. Box

City, State, ZIP5, ZIP4

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