

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90172 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 816176

1. Corporation Name
~~ALUMINUM COMPANY OF AMERICA~~

NE
12/1/98

Alcoa Inc.

Principal Place of Business
 1501 ALCOA BLDG.
 PITTSBURGH PA 15219

Mailing Address
 1501 ALCOA BLDG.
 PITTSBURGH PA 15219



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 201 Isabella Street

2a. Mailing Address
 26 201 Isabella Street

3. Date Incorporated or Qualified
 06/26/1962

4. FEI Number
 25-0317820

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 Pittsburgh, PA

28 Pittsburgh, PA

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 15212-5858 25

29 15212-5858 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAM, KENNETH W	
STREET ADDRESS	OLD ORCHARD ROAD	
CITY-ST-ZIP	ARMONK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JEREMIAH, B S	
STREET ADDRESS	1501 ALCOA BLDG	
CITY-ST-ZIP	PITTSBURGH, PA 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	O'NEILL, P H	
STREET ADDRESS	1501 ALCOA BLDG	
CITY-ST-ZIP	PITTSBURGH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FISCHER, R.L.	
STREET ADDRESS	1501 ALCOA BUILDING	
CITY-ST-ZIP	PITTSBURGH, PA 0	
TITLE	TC	<input type="checkbox"/> DELETE
NAME	BURKE, L B	
STREET ADDRESS	1501 ALCOA BUILDING	
CITY-ST-ZIP	PITTSBURGH, PA 0	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	TURNBULL, G K	
STREET ADDRESS	1501 ALCOA BUILDING	
CITY-ST-ZIP	PITTSBURGH, PA 0	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	201 Isabella Street
2.4 CITY-ST-ZIP	Pittsburgh, PA 15212-5858
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	201 Isabella Street
3.4 CITY-ST-ZIP	Pittsburgh, PA 15212-5858
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	201 Isabella Street
4.4 CITY-ST-ZIP	Pittsburgh, PA 15212-5858
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	201 Isabella Street
5.4 CITY-ST-ZIP	Pittsburgh, PA 15212-5858
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	201 Isabella Street
6.4 CITY-ST-ZIP	Pittsburgh, PA 15212-5858

14. 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 annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert B. Burke* B. Burke-Tax Counsel 4/13/99 (412) 553-2281
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)