

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90044 033 ***150.00

DOCUMENT # 816176

1. Entity Name

ALCOA INC.

Principal Place of Business

Mailing Address

**201 ISABELLE ST
 PITTSBURGH PA 15212-5858**

**201 ISABELLE ST
 PITTSBURGH PA 15212-5858**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-0317820

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	201 ISABELLE ST	
CITY-ST-ZIP	PITTSBURG PA 15212-5858	
TITLE	CD	<input type="checkbox"/> Delete
NAME	O'NEILL, P H	
STREET ADDRESS	201 ISABELLE ST.	
CITY-ST-ZIP	PITTSBURGH FL 15212-5858	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, R.L.	
STREET ADDRESS	201 ISABELLE ST	
CITY-ST-ZIP	PITTSBURG PA 15212-5858	
TITLE	TC	<input checked="" type="checkbox"/> Delete
NAME	BURKE, L B	
STREET ADDRESS	201 ISABELLA ST	
CITY-ST-ZIP	PITTSBURG PA 15212-5858	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	TURNBULL, G K	
STREET ADDRESS	201 ISABELLE ST	
CITY-ST-ZIP	PITTSBURG PA 15212-5858	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKEL, R. D.	
STREET ADDRESS	201 ISABELLA STREET	
CITY-ST-ZIP	PITTSBURGH, PA 15212-5858	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. D. DICKEL - VICE PRESIDENT - TAX 3/15/00

Date

Daytime Phone #

CFR2034 (9/99)