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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 822263**

1. Corporation Name

ALCOA INTER-AMERICA, INC.

	cipal Place					
C/O	ALUMÍNIUM	COMPANY	ÔF	AME	RICA	7
	ALCOA BUI					

Mailing Address

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90067 026 \*\*\*150.00



C/O ALUMINIUM COMPANY OF AMERICA C/O ALUMINIUM COMPAN 1501 ALCOA BUILDING 1501 ALCOA BUILDING PITTSBURGH PA 15219 PITTSBURGH PA 15219		MERICA	DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed				
			01/08/1969				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
21 201 Isabella Street	26 201 Isabella St	reet	25-1196905	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be			
Pittsburgh, PA	28 Pittsburgh, PA		Trust Fund Contribution	Added to Fees			
Zip Country		ountry	8. This corporation owes the current year I	ntangible			
24 15212-5858 25	29 . 15212-5858 30		Personal Property Tax.	¥ Yes □ No			
9, Name and Address of Curre			10. Name and Address of New Registered	d Agent			
CT CORPORATION SYSTEM	and the state of the state of	81 Name					
1200 S. PINE ISLAND ROAD		82 Street Addr	Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324		83	· · · · · · · · · · · · · · · · · · ·				
The section of the se		84 City	F	L 85 Zip Code			
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, the	above-named corp	poration 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

	•						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicab	ile. (NOTE: Re	gistered Agent signature r	equired when reinstating)	DATE		<del></del>
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	X DELETE	1.1 TITLE	PD		X Change	☐ Addition
NAME `	ROBINSON, B.W.		1.2 NAME	J. S. Schrecker			
STREET ADDRESS	1501 ALCOA BUILDING		1.3 STREET ADDRESS	201 Isabella St			l
CITY-ST-ZIP	PITTSBURGH PA		1.4 CITY-ST-ZIP	Pittsburgh, PA	<u> 15212-5858</u>	<del> </del>	
TITLE	S	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	YURA, D.A.		2.2 NAME				
STREET ADDRESS	1501 ALCOA BUILDING		2.3 STREET ADDRESS	201 Isabella St	reet		ļ
CITY-ST-ZIP	PITTSBURGH PA	ē.	2. 4 CITY-ST-ZIP	Pittsburgh, PA	15212-5858		
TITLE	T	☐ DELETE	3.1 TITLE	_		Change	Addition
NAME	WENNEMER, R G		3.2 NAME				
STREET ADDRESS	1501 ALCOA BLDG		3.3 STREET ADDRESS	201 Isabella St			
C/TY-ST-ZIP	PITTSBURG PA		3.4. CITY-ST-ZIP	Pittsburgh, PA	15212 <b>-</b> 5858		
TITLE	V	☐ DELETE	4.1 TITLE		<u> </u>	X Change	Addition.
NAMÈ	BURKE, L B		4. 2 NAME	004 7 1 77 01			
STREET ADDRESS	1501 ALCOA BLDG		4.3 STREET ADDRESS	201 Isabella St			
CITY-ST-ZIP	PITTSBURGH PA		4.4 CITY-ST-ZIP	Pittsburgh, PA	15212-5858		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS		İ	5.3 STREET ADDRESS				. \
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME		•		
STREET ADDRESS		i	6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(412) 553-2281