

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841369

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: PHELPS DODGE INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

ONE N CENTRAL AVE  
PHOENIX, AZ 850044416

**New Principal Place of Business:**

**Current Mailing Address:**

ONE N CENTRAL AVE  
PHOENIX, AZ 850044416

**New Mailing Address:**

FEI Number: 13-2575366      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DGC ( ) Delete  
Name: COLTON, S.D.  
Address: ONE NORTH CENTRAL AVENUE  
City-St-Zip: PHOENIX, AZ 850044416

Title: P ( ) Delete  
Name: SANDOVAL, M F  
Address: 806 S. DOUGLAS ROAD, # 800  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: LUECHTEFELD, A D  
Address: ONE NORTH CENTRAL AVENUE  
City-St-Zip: PHOENIX, AZ 850044416

Title: DTAX ( ) Delete  
Name: SCHATZA, J F  
Address: ONE NORTH CENTRAL AVENUE  
City-St-Zip: PHOENIX, AZ 850044416

Title: VPT ( ) Delete  
Name: STEVENS, G W  
Address: ONE NORTH CENTRAL AVENUE  
City-St-Zip: PHOENIX, AZ 850044416

Title: DIRE ( ) Delete  
Name: MADHAVPEDDI, K V  
Address: ONE NORTH CENTRAL AVENUE  
City-St-Zip: PHOENIX, AZ 850044416

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DGC (X) Change ( ) Addition  
Name: COLTON, S. D  
Address: ONE NORTH CENTRAL AVENUE  
City-St-Zip: PHOENIX, AZ 850044416

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY F. SCHATZA

DTAX

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date