


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90025 007 ***150.00

DOCUMENT # 841369

1. Entity Name
PHELPS DODGE INTERNATIONAL CORPORATION



Principal Place of Business Mailing Address

ONE N CENTRAL AVE **ONE N CENTRAL AVE (TAX DEPT)**
PHOENIX, AZ 85004 **PHOENIX, AZ 85004**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

4 Tesseneer Drive **4 Tesseneer Drive**

Suite, Apt. #, etc. Suite, Apt. #, etc.

— —

City & State City & State

Highland Heights, KY **Highland Heights, KY**

Zip Country Zip Country

41076 **USA** **41076** **USA**

04012008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

13-2575366 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VGCD	<input checked="" type="checkbox"/> Delete
NAME	COLTON, S. D	
STREET ADDRESS	ONE NORTH CENTRAL AVENUE	
CITY-ST-ZIP	PHOENIX, AZ 85004	
TITLE	P	<input type="checkbox"/> Delete
NAME	SANDOVAL, M F	
STREET ADDRESS	806 S. DOUGLAS ROAD, # 800	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DONAHUE, HUGH O	
STREET ADDRESS	ONE NORTH CENTRAL AVENUE	
CITY-ST-ZIP	PHOENIX, AZ 85004	
TITLE	DTAX	<input checked="" type="checkbox"/> Delete
NAME	BAN, DEBORAH A	
STREET ADDRESS	ONE NORTH CENTRAL AVENUE	
CITY-ST-ZIP	PHOENIX, AZ 85004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SVP, Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian J. Robinson	
STREET ADDRESS	4 Tesseneer Drive	
CITY-ST-ZIP	Highland Heights, KY 41076	
TITLE	EVP, Gen. Counsel, Sec., Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J. Siverd	
STREET ADDRESS	4 Tesseneer Drive	
CITY-ST-ZIP	Highland Heights, KY 41076	
TITLE	VP-Taxes, Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey J. Whelan	
STREET ADDRESS	4 Tesseneer Drive	
CITY-ST-ZIP	Highland Heights, KY 41076	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Jeffrey J. Whelan** **4/2/08** **859-572-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number