

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841369

FILED
Mar 30, 2012
Secretary of State

Entity Name: PHELPS DODGE INTERNATIONAL CORPORATION

Current Principal Place of Business:

9850 NW 41ST STREET
SUITE 200
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

4 TESSENEER DRIVE
HIGHLAND HEIGHTS, KY 41076

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: SANDOVAL, MATHIAS F
Address: 9850 NW 41ST STREET, SUITE 200
City-St-Zip: DORAL, FL 33178

Title: EVPD
Name: ROBINSON, BRIAN J
Address: 4 TESSENEER DRIVE
City-St-Zip: HIGHLAND HEIGHTS, KY 41076

Title: EVPD
Name: SIVERD, ROBERT J
Address: 4 TESSENEER DRIVE
City-St-Zip: HIGHLAND HEIGHTS, KY 41076

Title: ASD
Name: WHELAN, JEFFREY J
Address: 4 TESSENEER DRIVE
City-St-Zip: HIGHLAND HEIGHTS, KY 41076

Title: VCFO
Name: CIDRE, MARIA
Address: 9850 NW 41ST STREET, SUITE 200
City-St-Zip: DORAL, FL 33178

Title: AS
Name: MOSER, EMERSON C
Address: 4 TESSENEER DRIVE
City-St-Zip: HIGHLAND HEIGHTS, KY 41076

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY J. WHELAN

ASD

03/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date