

4-16-97 B-4730 NL  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 857373 (5)**  
 1. Corporation Name  
**REYNOLDS METALS DEVELOPMENT COMPANY**



Principal Place of Business <b>6801 WEST BROAD ST RICHMOND VA 23230</b>	Mailing Address <b>6801 WEST BROAD ST RICHMOND VA 23230-1701</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/10/1983</b>	3a. Date of Last Report <b>03/29/1996</b>
21	26	4. FEI Number <b>54-1241909</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State	City & State	23	28
Zip	Country	24	25
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83		FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VGC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, D. MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>6801 WEST BROAD ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RICHMOND VA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EAREHART, ALLEN M.</b>	2.2 NAME	
STREET ADDRESS	<b>6801 WEST BROAD STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RICHMOND VA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOONAN, JOHN M.</b>	3.2 NAME	
STREET ADDRESS	<b>6803 WEST BROAD ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RICHMOND VA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAVEDGE, HENRY S</b>	4.2 NAME	
STREET ADDRESS	<b>6801 W. BROAD STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RICHMOND VA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DABNEY, DONNA C</b>	5.2 NAME	
STREET ADDRESS	<b>6801 W BROAD ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RICHMOND VA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, JULIAN H.</b>	6.2 NAME	
STREET ADDRESS	<b>6801 W BROAD ST.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RICHMOND VA</b>	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: John M. Noonan 4-9-97 804 881-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN M. NOONAN - PRESIDENT** Date Daytime Phone #

CR2E034 (9/96)