

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 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # 857373 (5)
 1. Corporation Name
REYNOLDS METALS DEVELOPMENT COMPANY



Principal Place of Business 6801 WEST BROAD ST RICHMOND VA 23230	Mailing Address 6801 WEST BROAD ST RICHMOND VA 23230-1701
--------------------------------------------------------------------------------	-------------------------------------------------------------------------

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

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

TITLE	VGC <input type="checkbox"/> DELETE
NAME	JONES, D. MICHAEL
STREET ADDRESS	6801 WEST BROAD ST
CITY - ST - ZIP	RICHMOND VA
TITLE	V <input type="checkbox"/> DELETE
NAME	EAREHART, ALLEN M.
STREET ADDRESS	6801 WEST BROAD STREET
CITY - ST - ZIP	RICHMOND VA
TITLE	PD <input type="checkbox"/> DELETE
NAME	NOONAN, JOHN M.
STREET ADDRESS	6803 WEST BROAD ST
CITY - ST - ZIP	RICHMOND VA
TITLE	V <input type="checkbox"/> DELETE
NAME	SAVEDGE, HENRY S
STREET ADDRESS	6801 W. BROAD STREET
CITY - ST - ZIP	RICHMOND VA
TITLE	AS <input type="checkbox"/> DELETE
NAME	DABNEY, DONNA C
STREET ADDRESS	6801 W BROAD ST
CITY - ST - ZIP	RICHMOND VA
TITLE	VT <input type="checkbox"/> DELETE
NAME	TAYLOR, JULIAN H.
STREET ADDRESS	6801 W BROAD ST.
CITY - ST - ZIP	RICHMOND VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 **JOHN M. NOONAN - PRESIDENT** Date: **4-9-97** Daytime Phone #: **804 881-8000**

CR2E034 (9/96)