

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90019 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857373

1. Corporation Name
REYNOLDS METALS DEVELOPMENT COMPANY



Principal Place of Business 6601 WEST BROAD ST RICHMOND VA 23230	Mailing Address 6601 WEST BROAD ST RICHMOND VA 23230
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1983	
21	26	4. FEI Number 54-1241909		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	VGC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, D. MICHAEL	1.2 NAME	
STREET ADDRESS	6601 WEST BROAD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAREHART, ALLEN M.	2.2 NAME	
STREET ADDRESS	6601 WEST BROAD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOONAN, JOHN M.	3.2 NAME	GRACE, CHRISTOPHER M.
STREET ADDRESS	6603 WEST BROAD ST	3.3 STREET ADDRESS	4847 W. ADAMS, SUITE 1
CITY-ST-ZIP	RICHMOND VA	3.4 CITY-ST-ZIP	PHOENIX AZ 85009
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVEDGE, HENRY S	4.2 NAME	
STREET ADDRESS	6601 W. BROAD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VI	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABNEY, DONNA C	5.2 NAME	
STREET ADDRESS	6601 W BROAD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	5.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JULIAN H.	6.2 NAME	
STREET ADDRESS	6601 W BROAD ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: **602.269.5841**

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTOPHER M. GRACE

CR2F034-1119R