Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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Email Address: _____

CORPORATION REINSTATEMENT
ASC ALUMINA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 28 AM 7:18

DOCUMENT # F06000001261

1. Corporation Name
ASC Alumina, Inc.

REINSTATEMENT 09-10 KS

CR2E092 (1/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
201 Isabella Street	201 Isabella Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pittsburgh, PA	City & State: Pittsburgh, PA
Zip: 15212 Country: USA	Zip: 15212 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/27/06

5. FEI Number: 25-1754062 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: JAMES M. NEWSOME Date: 6/28/2010

REGISTERED AGENT MUST SIGN Special Assistant Secretary

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	John E. Wilson, Jr.	101 Cherry Street	Burlington, VT 05402
Vice President	Alan Cransberg	Applecross	W. Australia, 6153
Secretary	Maria Young	101 Cherry Street	Burlington, VT 05402
Treasurer	John E. Wilson, Jr.	101 Cherry Street	Burlington, VT 05402

10. E-mail Address: Diana.Colon@alcoa.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: JUN 23 2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #