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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90188 020 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P09437

1. Corporation Name
ALCOA SOUTH CAROLINA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 211 CHARLES STR
 BEAUFORT SC 29902
 US

Mailing Address
 1501 ALCOA BLDG.
 PITTSBURGH PA 15219

3. Date Incorporated or Qualified
03/18/1986

2. Principal Place of Business
 21 211 Cotton Dyke Road

2a. Mailing Address
 26 201 Isabella Street

4. FEI Number
25-1421634

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
 23 Dataw Island, SC

City & State
 28 Pittsburgh, PA 152

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
 24 29920 25

Zip Country
 29 15212-5858 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	YURA, D. A.	
STREET ADDRESS	1501 ALCOA BUILDING	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEREMIAH, B.S.	
STREET ADDRESS	1501 ALCOA BLVD	
CITY-ST-ZIP	PITTSBURGH PA 15219	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COCHRANE, W. F.	
STREET ADDRESS	211 CHARLES ST.	
CITY-ST-ZIP	BEAUFORT SC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LUCOT, J.R.	
STREET ADDRESS	1501 ALCOA BUILDING	
CITY-ST-ZIP	PITTSBURGH PA 15219	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WENNEMER, R G	
STREET ADDRESS	1501 ALCOA BLDG	
CITY-ST-ZIP	PITTSBURG PA	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HOLLOWAY, C E	
STREET ADDRESS	1501 ALCOA BUILDING	
CITY-ST-ZIP	PITTSBURGH PA	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	201 Isabella Street
1.4 CITY-ST-ZIP	Pittsburgh, PA 15212-5858
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	201 Isabella Street
2.4 CITY-ST-ZIP	Pittsburgh, PA 15212-5858
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	J. M. Winter
3.3 STREET ADDRESS	201 Isabella Street
3.4 CITY-ST-ZIP	Pittsburgh, PA 15212-5858
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	201 Isabella Street
4.4 CITY-ST-ZIP	Pittsburgh, PA 15212-5858
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	201 Isabella Street
5.4 CITY-ST-ZIP	Pittsburgh, PA 15212-5858
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	AT
6.3 STREET ADDRESS	J. R. Hennions
6.4 CITY-ST-ZIP	201 Isabella Street Pittsburgh, PA 15212-5858

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 *[Signature]* **BU Burke** Vice President **4/13/99** (412) 553-2281
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)