

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90202 011 \*\*\*150.00

**DOCUMENT # P05335**

1. Entity Name

**ALCAN ALUMINUM CORPORATION**

Principal Place of Business

**6060 PARKLAND BLVD.  
 MAYFIELD HEIGHTS OH 44124  
 US**

Mailing Address

**P.O. BOX 511  
 WARREN OH 44482  
 US**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 94596**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CLEVELAND, OH**

4. FEI Number

**15-0624921**

Applied For

Not Applicable

Zip

Country

Zip

Country

**44101-4596**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, RICHARD B 19212 SHELBURNE ROAD SHAKER HEIGHTS OH	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT / DIRECTOR</b> BRIAN W. STURGEON 3110 SHAKER BLVD PEPPER PIKE, OH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAMBERLAND, CLAUDE 107 MORT LAKE ST. LAMBERT QU	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT / DIRECTOR</b> GEOFFREY P. BATT 436-27 RED FAWN PATH AURORA, OH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD BALL, ROBERT L 323. GLENGARRY RD AURORA OH	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT / DIRECTOR</b> KEVIN R. GREENAWALT 17400 OLD TANNERY TRAIL CHAORIN FALLS, OH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD YOSOWITZ, SANFORD 2585 LARCHMONT DRIVE BEACHWOOD OH	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXECUTIVE VICE-PRES / DIRECTOR</b> EMERY P. LEBLANC 3470 RED PATH #404 MONTREAL, QUEBEC, CANADA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LEBLANC, EMERY P 3470 REDPATH #404 MONTREAL QU	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSON, ROY E 4423 BARRINGTON DR YOUNGSTOWN OH	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roy E. Johnson**

**4/24/2001**

Date

**404-423-6832**

Daytime Phone #

CR2E034 (10/00)