F03000003104

(Requestor's Name)			
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80R 3/12/08



DN SERVICE COMPANY	•				
ACCOUNT NO	0. : 072100000032				
REFERENC	CE : 471361 7634350				
AUTHORIZATIO	ON : Spelle le man				
COST LIMI	//				
ORDER DATE : March 4, 2008					
ORDER TIME : 11:24 AM					
ORDER NO. : 471361-030					
CUSTOMER NO: 7634350					
CHANGE OF AGENT					
NAME NOME TO COP	DODINION.				
NAME: NOVELIS CORPORATION					
•					
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING:				
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Debbie Skip	pper				
r	EXAMINER'S INITIALS:				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, inge is submitted for a corporation organiz r to change its registered office or register.	ed under the laws of the	State of TEXAS
1. The name of t	the corporation: NOVELIS CORPO	RATION	
	office address: 6060 PARKLAND LD HEIGHTS, OH 44124	BLVD	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/24/2003	Document number:	F03000003104
	I street address of the current registered age trnent of State:	ent and registered office	on file with the
	CT CORPORATION SYSTEM	1	
	1200 SOUTH PINE ISLAND R	D	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	PLANTATION, FL 33324·		だい。
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or regi	SECRETARY OF STATE STATE FLORID
	Corporation Service Company		7° 3
	1201 Hays Street		ORID ORID
	(P.O. Box NOT acceptable)		72
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street as be identical.	ddress of the business o	ffice of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted lae board, or the corporation has been not	by its board of directors fied in writing of the ch	s or by an officer so nange.
(Signati	re of an officer or director)	CHARLES R. AI	LEY, SEC/VP
I hereby accept I further agree a of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statut d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	agree to act in this cap es relative to the prope ation of my position as registered office addre.	acity. r and complete performance registered agent. Or, if this ss, I hereby confirm that the
By: Welia	tion Service Company Orah (0. Skyper) gnature of Registered Agenti)	3/12 (Da	7/2 <i>0</i> 08
If signing on be	half of an entity:		
DEBORAH	D. SKIPPER ASST VP		

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)