

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816176

Entity Name: ALCOA INC.

Current Principal Place of Business:

390 PARK AVENUE
NEW YORK, NY 10022-4608

Current Mailing Address:

390 PARK AVENUE
NEW YORK, NY 10022-4608 US

FEI Number: 25-0317820

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CHAIRMAN AND CHIEF EXECUTIVE OFFICER
Name KLEINFELD, KLAUS
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title SECRETARY
Name STRAUSS, AUDREY
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title TREASURER
Name HONG , PETER
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title VICE PRESIDENT (TAX)
Name KENNA, JOHN
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title DIRECTOR (INDEPENDENT)
Name COLLINS, ARTHUR D.
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title DIRECTOR (INDEPENDENT)
Name ROBERTS , CAROL L.
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title DIRECTOR (INDEPENDENT)
Name O'NEAL , E. STANLEY
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title DIRECTOR (INDEPENDENT)
Name ZEDILLO , ERNESTO
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN KENNA

VICE PRESIDENT (TAX)

04/20/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR (INDEPENDENT)
Name OWENS , JAMES
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title DIRECTOR (INDEPENDENT)
Name FULLER , KATHRYN
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title DIRECTOR (INDEPENDENT)
Name MORRIS , MICHAEL
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title DIRECTOR (INDEPENDENT)
Name TATA, RATAN
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title DIRECTOR (INDEPENDENT)
Name MAHONEY, SEAN O
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title DIRECTOR (INDEPENDENT)
Name PLANT, JOHN C
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title DIRECTOR (INDEPENDENT)
Name REIF , L. RAFAEL
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title DIRECTOR (INDEPENDENT)
Name RUSSO , PATRICIA
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title DIRECTOR (INDEPENDENT)
Name SORRELL , SIR MARTIN
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608

Title DIRECTOR (INDEPENDENT)
Name SCHMIDT, ULRICH (RICK)
Address 390 PARK AVENUE
City-State-Zip: NEW YORK NY 10022-4608