

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003104

Entity Name: NOVELIS CORPORATION**Current Principal Place of Business:**ONE PHIPPS PLAZA
3550 PEACHTREE RD. STE. 1100
ATLANTA, GA 30326**Current Mailing Address:**ONE PHIPPS PLAZA
3550 PEACHTREE RD SUITE 1100
ATLANTA, GA 30326 US**FEI Number:** 41-2098321**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PRESIDENT, DIRECTOR
Name	NARDOCCI, TADEU
Address	3550 PEACHTREE RD, SUITE 1100 ONE PHIPPS PLAZA
City-State-Zip:	ATLANTA GA 30326

Title	VP, DIRECTOR, TREASURER
Name	BISOGNO, ALEJANDRO
Address	3550 PEACHTREE RD, SUITE 1100 ONE PHIPPS PLAZA
City-State-Zip:	ATLANTA GA 30326

Title	DIRECTOR, EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER AND SECRETARY
Name	COURTS, CHRISTOPHER
Address	3550 PEACHTREE RD, SUITE 1100 ONE PHIPPS PLAZA
City-State-Zip:	ATLANTA GA 30326

Title	ASST. TREASURER, OFFICER
Name	RAULS, STEPHANIE
Address	3550 PEACHTREE RD, SUITE 1100 ONE PHIPPS PLAZA
City-State-Zip:	ATLANTA GA 30326

Title	ASST. SECRETARY, OFFICER
Name	ROBINSON, NICHOLE
Address	3550 PEACHTREE RD, SUITE 1100 ONE PHIPPS PLAZA
City-State-Zip:	ATLANTA GA 30326

Title	ASST. TREASURER, OFFICER
Name	MILLER, RANDY
Address	3550 PEACHTREE RD, SUITE 1100 ONE PHIPPS PLAZA
City-State-Zip:	ATLANTA GA 30326

Title	DIRECTOR
Name	DANIDWALA, YAZDI
Address	3550 PEACHTREE RD, SUITE 1100 ONE PHIPPS PLAZA
City-State-Zip:	ATLANTA GA 30326

Title	DIRECTOR
Name	MADDEN, NICK
Address	3550 PEACHTREE RD, SUITE 1100 ONE PHIPPS PLAZA
City-State-Zip:	ATLANTA GA 30326

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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: NICHOLE ROBINSON**ASSISTANT SECRETARY** 01/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER - ASSISTANT SECRETARY
Name	HARRIS, JULIE
Address	3550 PEACHTREE ROAD NE, SUITE 1100 ONE PHIPPS PLAZA
City-State-Zip:	ATLANTA GA 30326