

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003104

**Entity Name:** NOVELIS CORPORATION**Current Principal Place of Business:**3560 LENOX RD.  
SUITE 2000  
ATLANTA, GA 30326**Current Mailing Address:**3560 LENOX RD.  
SUITE 2000  
ATLANTA, GA 30326**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 BONEY, TOM  
Address 3560 LENOX ROAD, SUITE 2000  
TWO ALLIANCE CENTER  
City-State-Zip: ATLANTA GA 30326

Title VP, SECRETARY, DIRECTOR,  
OFFICER, GENERAL COUNSEL  
Name COURTS, CHRISTOPHER  
Address 3560 LENOX ROAD, SUITE 2000  
TWO ALLIANCE CENTER  
City-State-Zip: ATLANTA GA 30326

Title ASST. SECRETARY, OFFICER  
Name TILLMAN, JOHN  
Address 3560 LENOX ROAD  
SUITE 2000  
City-State-Zip: ATLANTA GA 30326

Title ASST. TREASURER, OFFICER  
Name MILLER, RANDY  
Address 3560 LENOX RD.  
SUITE 2000  
City-State-Zip: ATLANTA GA 30326

Title VP, DIRECTOR, TREASURER  
Name SCHUTZER, MARCELLO  
Address 3560 LENOX ROAD  
SUITE 2000  
City-State-Zip: ATLANTA GA 30326

Title ASST. TREASURER, OFFICER  
Name RAULS, STEPHANIE  
Address 3560 LENOX ROAD  
SUITE 2000  
City-State-Zip: ATLANTA GA 30326

Title ASST. SECRETARY, OFFICER  
Name ROBINSON, NICHOLE  
Address 3560 LENOX ROAD  
SUITE 2000  
City-State-Zip: ATLANTA GA 30326

Title DIRECTOR  
Name DANIDWALA, YAZDI  
Address 3560 LENOX RD.  
SUITE 2000  
City-State-Zip: ATLANTA GA 30326

**Continues on page 2**

*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** 01/07/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MADDEN, NICK
Address	3560 LENOX ROAD NE, SUITE 2000 TWO ALLIANCE CENTER
City-State-Zip:	ATLANTA GA 30326