

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09437

**Entity Name:** ALCOA SOUTH CAROLINA, INC.

**Current Principal Place of Business:**

201 ISABELLA STREET  
SUITE 500  
PITTSBURGH, PA 15212-5858

**Current Mailing Address:**

201 ISABELLA STREET  
SUITE 500  
PITTSBURGH, PA 15212-5858 US

**FEI Number:** 25-1421634

**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 ASSISTANT SECRETARY  
Name YANCEY, MEGAN  
Address 201 ISABELLA STREET  
SUITE 500  
City-State-Zip: PITTSBURGH PA 15212-5858

Title VP, PROCUREMENT  
Name TIRABOSCHI, MATEUS  
Address 201 ISABELLA STREET  
SUITE 500  
City-State-Zip: PITTSBURGH PA 15212-5858

Title VP  
Name KUKURA, CAROLYN  
Address 201 ISABELLA STREET  
SUITE 500  
City-State-Zip: PITTSBURGH PA 15212-5858

Title VP, TREASURER  
Name BACCHI, RENATO C.A.  
Address 201 ISABELLA STREET  
SUITE 500  
City-State-Zip: PITTSBURGH PA 15212-5858

Title VP, TAX  
Name HUDAK, HEATHER  
Address 201 ISABELLA STREET  
SUITE 500  
City-State-Zip: PITTSBURGH PA 15212-5858

Title VP, CONTROLLER  
Name BEERMAN, MOLLY S.  
Address 201 ISABELLA STREET  
SUITE 500  
City-State-Zip: PITTSBURGH PA 15212-5858

Title SECRETARY  
Name EARNEST, MARISSA P.  
Address 201 ISABELLA STREET  
SUITE 500  
City-State-Zip: PITTSBURGH PA 15212-5858

Title PRESIDENT  
Name STIFFLER, MARK A.  
Address 201 ISABELLA STREET  
SUITE 500  
City-State-Zip: PITTSBURGH PA 15212-5858

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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

**AUTHORIZED SIGNER**

**04/25/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HUDAK, HEATHER  
Address        201 ISABELLA STREET  
                 SUITE 500  
City-State-Zip:  PITTSBURGH PA 15212-5858

Title            AUTHORIZED SIGNER  
Name            KENNA, JOHN  
Address        201 ISABELLA STREET  
                 SUITE 500  
City-State-Zip:  PITTSBURGH PA 15212-5858