

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90098 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 809912

1. Corporation Name
REYNOLDS METALS COMPANY



Principal Place of Business 6601 W BROAD ST P O BOX 85587 RICHMOND VIRGINIA 23285 US	Mailing Address 6601 W BROAD ST P O BOX 85587 RICHMOND VIRGINIA 23285 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/26/1954	4. FEI Number 54-0355135	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SAG <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABNEY, DONNA C.	1.2 NAME	
STREET ADDRESS	6601 W. BROAD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, JEREMIAH J.	2.2 NAME	
STREET ADDRESS	6601 W. BROAD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COWLES, DONALD T.	3.2 NAME	
STREET ADDRESS	6601 W. BROAD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JULIAN H.	4.2 NAME	
STREET ADDRESS	6601 W. BROAD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	4.4 CITY-ST-ZIP	
TITLE	VG <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, D MICHAEL	5.2 NAME	
STREET ADDRESS	6601 W. BROAD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	5.4 CITY-ST-ZIP	
TITLE	DVC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, RANDOLPH N.	6.2 NAME	
STREET ADDRESS	6601 WEST BROAD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  Douglas M. Jerrold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President
4/22/99 (804) 281-4549
Date Daytime Phone #

CR2E034 (11/98)