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Secretary of State

04-21-1999 90188 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 816717 1. Corporation Name ALCOA SERVICE CORPORATION			
Principal Place of Business C/O ALUMINIUM COMPANY OF AMERICA 1501 ALCOA BUILDING PITTSBURGH PA 15219		Mailing Address C/O ALUMINIUM COMPANY OF AMERICA 1501 ALCOA BUILDING PITTSBURGH PA 15219	
2. Principal Place of Business 21 201 Isabella Street Suite, Apt. #, etc. 22 City & State 23 Pittsburgh, PA Zip Country 24 15212-5858 25		2a. Mailing Address 26 201 Isabella Street Suite, Apt. #, etc. 27 City & State 28 Pittsburgh, PA Zip Country 29 15212-5858 30	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ZELEZNAK, JD 1501 ALCOA BLDG PITTSBURGH PA <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Isabella Street Pittsburgh, PA 15212-5858
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURKE, L B 1501 ALCOA BUILDING PITTSBURGH, PA 00000 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Isabella Street Pittsburgh, PA 15212-5858
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCOT, J.R. 1501 ALCOA BUILDING PITTSBURGH, PA 00000 15219 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Isabella Street Pittsburgh, PA 15212-5858
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WENEMER, R G 1501 ALCOA BLDG PITTSBURGH PA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Isabella Street Pittsburgh, PA 15212-5858
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YURA, D.A. 1501 ALCOA BUILDING PITTSBURGH, PA 00000 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Isabella Street Pittsburgh, PA 15212-5858
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Katherine Harris
Katherine Harris, Vice President

4/13/99

(412) 553-2281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)