

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 833908 (7)  
1. Corporation Name  
AMERICAN SMELTING AND REFINING COMPANY

Principal Place of Business  
CORPORATION TRUST CENTER  
1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address  
CORPORATION TRUST CENTER  
1209 ORANGE STREET  
WILMINGTON DE 19801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1975	
21		26		4. FEI Number 13-2973366	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VDT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORNE, A.M.			1.2 NAME			
STREET ADDRESS	1209 ORANGE STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON DE			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERRUCCI, M. A.			2.2 NAME			
STREET ADDRESS	1209 ORANGE STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON DE			2.4 CITY-ST-ZIP			
TITLE	SVD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUTHANS, KIM E.			3.2 NAME			
STREET ADDRESS	1209 ORANGE ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON DE			3.4 CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DENNY, C. M.			4.2 NAME			
STREET ADDRESS	1209 ORANGE ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON DE			4.4 CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, M.L.			5.2 NAME			
STREET ADDRESS	1209 ORANGE ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON DE			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:

*M. A. Ferrucci*

M. A. FERRUCCI 4/29/98 (302)658-7581

CR2E034 (10/97)