

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834111

1. Entity Name

ASARCO INCORPORATED

Principal Place of Business

180 MAIDEN LANE
TAX DEPT 23RD FLOOR
NEW YORK NY 10038
US

Mailing Address

180 MAIDEN LANE
TAX DEPT. 23RD FLOOR
NEW YORK NY 10038-4925
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCALLISTER, FRANCIS	
STREET ADDRESS	1150 N 7TH AVE	
CITY-ST-ZIP	TUSCON AZ 85705	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WOODBURY, D.B.	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, CHRISTOPHER F	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VARNER, M. O	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	German Larrea Mota-Velasco	
STREET ADDRESS	180 Maiden Lane	
CITY-ST-ZIP	NYC, NY 10038	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Genaro Larrea Mota-Velasco	
STREET ADDRESS	180 Maiden Lane	
CITY-ST-ZIP	NYC, NY 10038	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Ferri	
STREET ADDRESS	180 Maiden Lane	
CITY-ST-ZIP	NYC, NY 10038	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David B. Foltz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David B. Foltz

1/20/00
Date

(212) 510-2000
Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90106 036 ***150.00

00000700



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4924440

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

CR2E034 (9/99)