FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am Secretary of State **DOCUMENT # 834111** ASARCO INCORPORATED 05-02-2001 90186 040 ***150.00 Principal Place of Business Mailing Address 180 MAIDEN LANE 180 MAIDEN LANE TAX DEPT 23RD FLOOR TAX DEPT, 23RD FLOOR C0058009 NEW YORK NY 10038 **NEW YORK NY 10038** 2. Principal Place of Business 3. Mailing Address 1150 N.7th Aux 1150 N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-4924440 UCSON Not Applicable \$8.75 Additional 5. Certificate of Status Desired 85705 85 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete ☐ Change ☐ Addition TITLE NAME GERMAN, LARREA M STREET ADDRESS STREET ADDRESS 180 MAIDEN LANE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10038** Change TITLE ☐ Addition TITLE Delete NAME GENARO, LARREA M NAME STREET ADDRESS STREET ADDRESS 180 MAIDEN LANE CITY-ST-7/P CITY-ST-ZIP **NEW YORK NY 10038** TITLE Change ☐ Addition Delete TITLE S NAME FERRI, ROBERT NAME STREET ADDRESS STREET ADDRESS 180 MAIDEN LANE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10038** ☐ Delete TITLE Change ☐ Addition President TITLE Mules Garcia de Quevado NAME NAME STREET ADDRESS 450 N. 7+4 AUR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME Denvis Morneau

Tueson, AZ 85705 13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

1150N.7+2AUZ

Dennis Morreau 4/26/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE