

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90217 011 \*\*\*150.00

**DOCUMENT # 849152**

1. Corporation Name

**ALCOA RECYCLING COMPANY, INC.**

Principal Place of Business

5516 LONAS RD  
200  
KNOXVILLE TN 37909  
US

Mailing Address

1501 ALCOA BUILDING  
PITTSBURGH PA 15219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/18/1981**

4. FEI Number

**25-1345420**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** 2300 N. Wright Road

2a. Mailing Address

**26** 201 Isabella Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23** Alcoa, TN. 377037701

City & State

**28** Pittsburgh, PA

Zip Country

Zip Country

**24** 37701 **25**

**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

**FL**

**85** Zip Code

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

TITLE **S** ☐ DELETE  
NAME **YURA, D. A.**  
STREET ADDRESS **1501 ALCOA BLDG**  
CITY-ST-ZIP **PITTSBURGH, PA 00000**

TITLE **V** ☐ DELETE  
NAME **BURKE, L B**  
STREET ADDRESS **1501 ALCOA BLDG**  
CITY-ST-ZIP **PITTSBURGH, PA 00000**

TITLE **VP** ☐ DELETE  
NAME **LUCOT, J. R.**  
STREET ADDRESS **1501 ALCOA BLDG**  
CITY-ST-ZIP **PITTSBURGH, PA 00000 15219**

TITLE **P** ☐ DELETE  
NAME **CROOKER, D B**  
STREET ADDRESS **2300 N WRIGHT RD**  
CITY-ST-ZIP **ALCOA TN 37701**

TITLE **T** ☐ DELETE  
NAME **HENNION, J R**  
STREET ADDRESS **1501 ALCOA BLDG**  
CITY-ST-ZIP **PITTSBURGH PA**

TITLE **D** ☒ DELETE  
NAME **BERGERON, G E**  
STREET ADDRESS **5516 LONAS RD**  
CITY-ST-ZIP **KNOXVILLE TN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **201 Isabella Street**  
1.4 CITY-ST-ZIP **Pittsburgh, PA 15212-5858**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **201 Isabella Street**  
2.4 CITY-ST-ZIP **Pittsburgh, PA 15212-5858**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **201 Isabella Street**  
3.4 CITY-ST-ZIP **Pittsburgh, PA 15212-5858**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **201 Isabella Street**  
5.4 CITY-ST-ZIP **Pittsburgh, PA 15212-5858**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS **Michael Coleman**  
6.4 CITY-ST-ZIP **900 S. Gay Street**  
**Knoxville, TN 37902**

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:

*Michael Coleman*  
Michael Coleman Vice President

4/13/99

(412) 553-2281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)