849152

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PICK-UP WAIT MAIL				
(Business Entity Name)				
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SECTION SEET TO TAKE TO TAKE TO THE TO THE TENT OF THE TENT OF

ASF (03)



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: December 20, 2002

ORDER TIME : 2:20 PM

ORDER NO. : 867940-470

CUSTOMER NO: 4321296

CUSTOMER: Roni Doolin, Legal Assistant

Alcoa Inc.

6603 W. Broad Street

Richmond, VA 23230

CHANGE OF AGENT

NAME: ALCOA RECYCLING COMPANY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	he provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508, F	lorida Statutes,
this statement	of change is submitted for a corpora	ation organized under the laws of the L	State of
Delaware		stered office or registered agent, or be	· ·
of Florida.		<i>3</i> 3 7 1 1	
1. The name o	f the corporation: ALCOA RECYCLING	COMPANY, INC.	
2. The principa	al office address:		
2300 N. W	right Road, Alcoa, TN 37701		
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: May 18, 19	Document number: 8491	52
	nd street address of the current regis artment of State:	tered agent and registered office on file	e with the
	C T Corporation System		
	1200 South Pine Island Road		TANG T
	Plantation, Florida 33324		1000
6. The name a	and street address of the new regis	tered agent (if changed) and /or regis	stered office (if
changed):			至
	Corporation Service Company		- 65 F
	1201 Hays Street (P.O. Box or personal)	mailbox NOT acceptable)	859 REFE 59
	Tallahassee, FL 32301		
The street add agent, as change	ress of its registered office and the ged will be identical.	street address of the business office o	f its registered
		dopted by its board of directors or by een notified in writing of the change.	an officer so
	er, chairman or vice chairman of the board)	Laura R. Dunlap, Attorney (Printed or typed name and title)	in Fact
performance of registered age	t to comply with the provisions of a f my duties, and I am familiar with nt. Or, if this document is being fil	ent and agree to act in this capacity, ll statutes relative to the proper and c and accept the obligation of my posi led merely to reflect a change in the r tion has been notified in writing of thi	complete tion as egistered
Ca	Signature of Registered Agent)	12-31-02 (Date)	
If signing on beha	alf of an entity:		
	Carla Lohi ————————————————————————————————————	dent	
	(Typed or Printed Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *