FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:50

DOCUMENT # **855654** **(0)**

1. Corporation Name
CERRO COPPER PRODUCTS CO.

Principal Place of Business	Mailing Address
P. O. BOX 66800 ST. LOUIS MO 63166	P. O. BOX 66800 ST. LOUIS MO 63166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/28/1983**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **36-2943840** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	P	11 TITLE	☒ Change ☐ Addition
NAME	SCHWEICH, H.L.	12 NAME	
STREET ADDRESS	RT 3 ALTON,STHRN TRACKS	13 STREET ADDRESS	3000 MISSISSIPPI AVE
CITY-ST-ZIP	E. ST. LOUIS IL	14 CITY-ST-ZIP	SAUGET, IL 62206
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GLUTH, R.C.	22 NAME	
STREET ADDRESS	225 W. WASHINGTON ST.	23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WEBB, ROBERT	32 NAME	
STREET ADDRESS	225 W. WASHINGTON ST.	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PRITZKER, R.A.	42 NAME	
STREET ADDRESS	225 W. WASHINGTON ST.	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☒ Change ☐ Addition
NAME	MATCUK, JAMES R.	52 NAME	
STREET ADDRESS	RT 3 ALTON,STHRN TRACKS	53 STREET ADDRESS	3000 MISSISSIPPI AVE
CITY-ST-ZIP	E. ST. LOUIS IL	54 CITY-ST-ZIP	SAUGET, IL 62206
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 alteration.

SIGNATURE: X _____ 3/24/95 618/332 6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES R. MATCUK

040913 FP