

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2008 8:00 am**  
**Secretary of State**

09-12-2008 90003 026 \*\*\*550.00

<b>DOCUMENT # F04000001751</b>		
1. Entity Name ALCAN MANAGEMENT SERVICES USA INC.		

Principal Place of Business 8770 W BRYN MAWR STE 195-09M CHICAGO, IL 60631	Mailing Address 8770 W BRYN MAWR STE 195-09M CHICAGO, IL 60631
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40113073



09062008 Chg-P CR2E034 (12/06)

4. FEI Number 34-1694575	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
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**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, DONALD 8770 W BRYN MAWR CHICAGO, IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donald A. Thomson 8770 West Bryn Mawr Ave., Ste 195-9 Chicago, IL 60631-3657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LERUM, EILEEN B 8770 W BRYN MAWR CHICAGO, IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eileen Burns Lerum 8770 West Bryn Mawr Ave, Ste 195-09M Chicago, IL 60631-3657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MOSESIAN, ROBERT J 8770 W BRYN MAWR CHICAGO, IL 60631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCC SEBERGER, DONALD P 8770 W BRYN MAWR CHICAGO, IL 60631 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARSENEAULT, PIERRE 6060 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached listing for all Directors and Officers <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____	Date: 9-10-08	Daytime Phone #: 773-399-3074
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James R. Lamb, Assistant Treasurer

# ATTACHMENT

Addendum 1

## ALCAN SERVICES CHICAGO

Tax Department  
8770 W. Bryn Mawr Avenue  
Suite 195 09M  
Chicago, IL 60631-3657

Tel.: (773) 399-8568  
Fax: (773) 399-8553



40115873  
# F04 000001751

RE: State of Florida 2008 For Profit Corporation Annual Report  
Alcan Management Services USA, Inc. FEIN: {34-1694575}

### OFFICERS:

#### Name/Title

Donald A. Thomson  
President  
Eileen Burns Lerum  
Vice President and Secretary  
Robert J. Mosesian  
Vice President and Treasurer  
Daniel Sula  
Assistant Secretary  
James R. Lamb  
Assistant Treasurer

#### Street/City/State/Zip

8770 West Bryn Mawr Avenue  
Chicago, IL 60631-3657  
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Chicago, IL 60631-3657

### DIRECTORS:

#### Name

Donald A. Thomson  
  
Eileen Burns Lerum

#### Street/City/State/Zip

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Chicago, IL 60631-3657  
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Chicago, IL 60631-3657