2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006414

Entity Name: HOWMET CORPORATION

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
6450 ROCKSIDE WOODS BLVD S INDEPENDENCE, OH 44131						
Current Mailing Address:				New Mailing Address:		
201 ISABELLA STREET PITTSBURGH, PA 15212			6450 ROCKSIDE WOODS BLVD S INDEPENDENCE, OH 44131			
FEI Number:	El Number: 13-2838093 FEI Number Applied For () FEI Nu		FEI Nun	nber Not Applicable () Certificate of Status Desired ()		ertificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US						
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:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CHRISTOPHER,	WOODS BLVD S		Title: Name: Address: City-St-Zip:	DVP (X) CI CHRISTOPHER, V 6450 ROCKSIDE V INDEPENDENCE,	WOODS BLVD S
Title: Name: Address: City-St-Zip:	MITCHELL, RAYN	WOODS BLVD S		Title: Name: Address: City-St-Zip:	DP (X) CI MITCHELL, RAYM 6450 ROCKSIDE V INDEPENDENCE,	WOODS BLVD S
Title: Name: Address: City-St-Zip:	S () E DABNEY, DONNA 390 PARK AVE NEW YORK, NY	A.C.		Title: Name: Address: City-St-Zip:	SEC (X) CI DABNEY, DONNA 6450 ROCKSIDE V INDEPENDENCE,	WOODS BLVD S
Title: Name: Address: City-St-Zip:	T () E HAYES, PAUL A 201 ISABELLA S' PITTSBURGH, PA	Т		Title: Name: Address: City-St-Zip:	TRES (X) CI HONG, PETER TR 6450 ROCKSIDE V INDEPENDENCE,	RES WOODS BLVD S
Title: Name: Address: City-St-Zip:	V (X) [DICKEL, RONALI 201 ISABELLA S' PITTSBURGH, PA	Г		Title: Name: Address: City-St-Zip:	() Cr	nange () Addition
Title: Name: Address: City-St-Zip:	V (X) E NICOL, LONNIE F 201 ISABELLA S' PITTSBURGH PA	Т		Title: Name: Address: City-St-Zip:	() Ch	nange () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRYSTAL FICKEN POA 04/24/2008