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R.A. change



ACCOUNT NO. : 072100000032

REFERENCE: 867940 4321296

AUTHORIZATION :

COST LIMIT : \$ 35.00 alucia / Miles

ORDER DATE: December 20, 2002

ORDER TIME : 10:56 AM

ORDER NO. : 867940-705

CUSTOMER NO: 4321296

CUSTOMER: Roni Doolin, Legal Assistant

Alcoa Inc.

6603 W. Broad Street

Richmond, VA 23230

CHANGE OF AGENT

NAME: TELE-TECH COMPANY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Carla Lohi

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

	-			607.1508, or 617.150	
		-	=	ized under the laws of e or registered agent, c	
of Florida.	in oraer	o change to reg	wierea ogree	or registered agent,	or oom, in me out
•	of the corporation:	TELE-TECH COMP	ANY, INC. O	F KENTUCKY	
2. The princip	oal office address:				200 %
•	er Road, Lexingt			<u>-</u>	100
	g address (if differ				100
4 Date of inc	corporation/qualific	ration April 22.	, 1993	_ Document number: F	793000001965
5. The name	-			and registered office of	
	C T Corporation	on System			
	1200 South Pin	ne Island Road			
	Plantation, F	lorida 333 <u>24</u>			
6. The name changed):	and street address	s of the new reg	istered agent	t (if changed) and /or	registered office (if
	Corporation Se	rvice Company			
	1201 Hays Stre	(P.O. Box or persons	al mailbox NOT a	cceptable)	<u> </u>
	Tallahassee, F	L 32301	<u></u> -		
The street ad agent, as cha	dress of its registe	red office and the	e street addr	ess of the business off	ice of its registered
-				ts board of directors of in writing of the char	
(Signature of an off	icer, chairman or vice char	man of the board)	Laura R	. Dunlap, Attorney i (Printed or typed name and titl	n Fact
I further agre performance registered ag	ee to comply with a comply with a confiner of my duties, and cont. Or. if this do	the provisions of I am familiar wii cument is being i	fall statutes th and accep filed merely	ree to act in this capac relative to the proper of the obligation of my to reflect a change in en notified in writing o	and complete position as the registered
_ Del	(Signature of Registered	Skipper) Agent)		1/10/03 (Date)	
If signing on be	half of an entity:	Asst. '	D. Skipper V. Pres.		
	(Typed or Printed Name))		(Capacity)	

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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