

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90210 011 \*\*\*150.00

<b>DOCUMENT # F93000005647</b>					
1. Entity Name <b>HOWMET SALES AND SERVICES, INC.</b>					
Principal Place of Business <b>1600 HARVARD AVENUE CLEVELAND OH 44105</b>			Mailing Address <b>201 ISABELLA STREET PITTSBURGH PA 15212</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>06-1153071</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DICKEL, RONALD D		NAME		
STREET ADDRESS	201 ISABELLA ST		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15212		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONGHI, MARIO		NAME		
STREET ADDRESS	1600 HARVARD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND OH 44105		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTOPHER, WILLIAM F		NAME		
STREET ADDRESS	1600 HARVARD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND OH 44105		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YURA, DOLORES A		NAME		
STREET ADDRESS	201 ISABELLA ST.		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15212		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLUMMER, WILLIAM B		NAME		
STREET ADDRESS	390 PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Ronald D. Dickel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD D. DICKEL, VICE PRESIDENT

4/16/04

412-553-3197

Date

Daytime Phone #

HOWMET SALES AND SERVICES, INC.

<u>TITLE</u>	<u>NAME</u>	<u>BUSINESS ADDRESS</u>
PRESIDENT	MARIO LONGHI	1600 HARVARD AVENUE; CLEVELAND, OH 44105
VICE PRESIDENT	JULIE A. CAPONI	201 ISABELLA STREET, PITTSBURGH, PA 15212-5858
VICE PRESIDENT	RONALD D. DICKEL	201 ISABELLA STREET, PITTSBURGH, PA 15212-5858
VICE PRESIDENT	DENISE H. KLUTHE	201 ISABELLA STREET, PITTSBURGH, PA 15212-5858
VICE PRESIDENT	LONNIE F. NICOL	201 ISABELLA STREET, PITTSBURGH, PA 15212-5858
VICE PRESIDENT	DAN E. SMITH	1600 HARVARD AVENUE; CLEVELAND, OH 44105
SECRETARY	DOLORES A. YURA	201 ISABELLA STREET, PITTSBURGH, PA 15212-5858
TREASURER	WILLIAM B. PLUMMER	390 PARK AVENUE, NEW YORK, NY 10022-4608
ASSISTANT TREASURER	CYNTHIA HOLLOWAY	390 PARK AVENUE, NEW YORK, NY 10022-4608
ASSISTANT TREASURER	JUDITH S. SCHRECKER	8550 W. BRYN MAWR AVE.; CHICAGO, IL 60631

<u>TITLE</u>	<u>NAME</u>	<u>BUSINESS ADDRESS</u>
DIRECTOR	WILLIAM F. CHRISTOPHER	1600 HARVARD AVENUE; CLEVELAND, OH 44105

As of 2/26/04

Attachment

54039240  
# F93000005647