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

APPROVED AND FILED
95 MAY -1 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05335 (5)

1. Corporation Name
ALCAN ALUMINUM CORPORATION

Principal Place of Business: 100 ERIEVIEW PLAZA, CLEVELAND OH 44114

Mailing Address: 100 ERIEVIEW PLAZA, CLEVELAND OH 44114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P. O. Box 511
Suite, Apt #, etc
27
City & State
28 Warren, Ohio
Zip 29 44482 Country 30

4. FEI Number: 15-0624921 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HACKBIRTH, DAVID W.
STREET ADDRESS	290 BICKNELL DR.
CITY-ST-ZIP	HUDSON OH
TITLE	T
NAME	CASEY, RONALD T.
STREET ADDRESS	2267 VICTORIA PARKWAY
CITY-ST-ZIP	HUDSON OH
TITLE	VD
NAME	BALL, ROBERT L.
STREET ADDRESS	37159 LANDINGS DRIVE
CITY-ST-ZIP	SOLON OH
TITLE	VSD
NAME	YOSOWITZ, SANFORD
STREET ADDRESS	2585 LARCHMONT DRIVE
CITY-ST-ZIP	BEACHWOOD OH
TITLE	VD
NAME	SANTOS, EVERALDO N.
STREET ADDRESS	310 HENRY JARRY
CITY-ST-ZIP	BEACONSFIELD, QUEBEC, CANADA
TITLE	AS
NAME	KAPRALY, DONALD J.
STREET ADDRESS	926 BRUCEWOOD DR.
CITY-ST-ZIP	WARREN OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Robert L. Ball	
1.3 STREET ADDRESS	37159 Landings Drive	
1.4 CITY-ST-ZIP	Solon, Ohio	
2.1 TITLE	TD	☒ Change ☐ Addition
2.2 NAME	Geoffrey P. Batt	
2.3 STREET ADDRESS	2298 Wellington Circle	
2.4 CITY-ST-ZIP	Hudson, Ohio	
3.1 TITLE	VD	☐ Change ☒ Addition
3.2 NAME	Claude Chamberland	
3.3 STREET ADDRESS	107 Mort Lake	
3.4 CITY-ST-ZIP	St. Lambert, Quebec, Canada	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 address.

SIGNATURE: D. J. Kapraly — Donald J. Kapraly — 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466246 FP