FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90136 029 ***150.00

DOCUMENT # P05335

1. Corporation Name
ALCAN ALUMINUM CORPORATION

Principal Place of Business	Mailing Address
6060 PARKLAND BLVD. MAYFIELD HEIGHTS OH 44124 US	P.O. BOX 511 WARREN OH 44482 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/18/1985

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	EVANS, RICHARD B		1.2 NAME	Evans, Richard B	
STREET ADDRESS	180 FOX HOLLOW DR, STE 204		1.3 STREET ADDRESS	19212 Shelburne Road	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH		1.4 CITY-ST-ZIP	Shaker Heights, OH	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERLAND, CLAUDE		2.2 NAME		
STREET ADDRESS	107 MORT LAKE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LAMBERT QU		2.4 CITY-ST-ZIP		
TITLE	EVPD	☐ DELETE	3.1 TITLE	EVP D	☒ Change ☐ Addition
NAME	BAU, ROBERT L		3.2 NAME	Ball, Robert L.	
STREET ADDRESS	323 GLENGARRY RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	AURORA OH		3.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YOSOWITZ, SANFORD		4.2 NAME		
STREET ADDRESS	2585 LARCHMONT DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BEACHWOOD OH		4.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEBLANC, EMERY P		5.2 NAME		
STREET ADDRESS	3470 REDPATH #404		5.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL QU		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ROY E		6.2 NAME		
STREET ADDRESS	4423 BARRINGTON DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN OH		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Ray J. Lemmon 4/23/99 330-841-3473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)