## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # P05335** May 18, 2000 8:00 am 1. Entity Name Secretary of State **ALCAN ALUMINUM CORPORATION** 05-18-2000 90284 032 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 511 6060 PARKLAND BLVD. MAYFIELD HEIGHTS OH 44124 WARREN OH 44482-0511 2. Principal Place of Business 3. Mailing Address PO BOX 94596 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 15-0624921 CLEVELAND, OHIO Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 44101-4596 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS VICE-PRESIDENT | DIRE CITOR TITLE ☐ Change TITLE ☐ Delete GEOFFREY P. BATT NAME NAME EVANS, RICHARD B 436-27 RED FAWN PATH STREET ADDRESS STREET ADDRESS 19212 SHELBURNE ROAD CITY-ST-ZIP CITY-ST-7IP AURORA, OH SHAKER HEIGHTS OH EXECUICE-PRESIDENT | DIRECTOR | Change **Delete** TITLE TITLE EMERY P. LEBLANC 3470 RED PATH, #404 CHAMBERLAND, CLAUDE NAME NAME STREET ADDRESS STREET ADDRESS 107 MORT LAKE MONTREAL, QUEBEC, CANADA CITY-ST-ZIP CITY-ST-ZIP ST. LAMBERT QU VICE- PRESIDENT / DIRECTOR Addition Delete TITLE ☐ Change 10 HW C. MORRISON 22925 SHELBURNE ROAD BALL, ROBERT L NAME NAME STREET ADDRESS STREET ADDRESS 323 GLENGARRY RD SHAKER HEIGHTS, OH CITY-ST-ZIP CITY-ST-ZIP AURORA OH TITLE VSD ☐ Delete TITLE Change ☐ Addition NAME YOSOWITZ, SANFORD NAME STREET ADDRESS STREET ADDRESS 2585 LARCHMONT DRIVE CITY-ST-ZIP CITY-ST-ZIP BEACHWOOD OH **EVP** Delete TITLE Change ☐ Addition TITLE NAME LEBLANC, EMERY P NAME STREET ADDRESS STREET ADDRESS 3470 REDPATH #404 CITY-ST-ZIP CITY-ST-7IF MONTREAL QU TITLE Change Addition ☐ Delete TITLE AS NAME JOHNSON, ROY E NAME STREET ADDRESS STREET ADDRESS 4423 BARRINGTON DR

13. 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

YOUNGSTOWN OH

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

440-423-6832

Daytime Phone #