

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 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **834111** (7)

1. Corporation Name
ASARCO INCORPORATED

Principal Place of Business: **180 MAIDEN LANE NEW YORK NY 10038**
Mailing Address: **180 MAIDEN LANE NEW YORK NY 10038**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/03/1975**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	13-4924440	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OSBORNE, R. DE J. 180 MAIDEN LANE NEW YORK NY	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17 NAME	
STREET ADDRESS		18 STREET ADDRESS	
CITY, ST, ZIP		19 CITY, ST, ZIP	
TITLE	V NOROTHY, R.M. 180 MAIDEN LANE NEW YORK NY	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		27 NAME	NOVOTNY, R. M.
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE	V MUTH, R.J. 180 MAIDEN LANE NEW YORK NY	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		37 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	V WOODBURY, D.B. 180 MAIDEN LANE NEW YORK NY	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		47 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE	T FINDLEY, THOMAS J JR 180 MAIDEN LANE NEW YORK NY	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		57 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE	V BOTHWELL, R.J. JR. 180 MAIDEN LANE NEW YORK NY	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		67 NAME	VARNER, M.O.
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and agrees that equally for the foregoing stated in Section 119.07(2)(b), 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 registrar 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: *C. D. Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
C. D. GONZALEZ

4/21/95 (212)510-2000
Date (Telephone Number)