

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Merriam
 Secretary of State
 DIVISION OF CORPORATIONS

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

2. Principal Place of Business

21 **180 MAIDEN LANE**
 Suite, Apt #, etc.

22 **TAX DEPT, 23RD FLOOR**
 City & State

23 **NEW YORK, NY**
 Zip Country

24 **10038** 25

2a. Mailing Address

26 **180 MAIDEN LANE**
 Suite, Apt #, etc.

27 **TAX DEPT, 23RD FLOOR**
 City & State

28 **NEW YORK, NY**
 Zip Country

29 **10038** 30

3. Date Incorporated or Qualified
04/03/1975

4. FEI Number
13-4924440 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 or has paid the current year Intangible Personal Property Tax due June 30. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	OSBORNE, R. DE J.	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NOVOTNY, R. M	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MUTH, R.J.	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOODBURY, D.B.	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FINDLEY, THOMAS J JR	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VARNER, M. O	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANCIS McALLISTER	
1.3 STREET ADDRESS	1150 N. 7th AVENUE	
1.4 CITY-ST-ZIP	TUCSON AZ 85705	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	R. M. NOVOTNY	
2.3 STREET ADDRESS	180 MAIDEN LANE	
2.4 CITY-ST-ZIP	NEW YORK NY 10038	
3.1 TITLE	VICEPRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	R. J. MUTH	
3.3 STREET ADDRESS	180 MAIDEN LANE	
3.4 CITY-ST-ZIP	NEW YORK, N.Y. 10038	
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D.B. WOODBURY	
4.3 STREET ADDRESS	180 MAIDEN LANE	
4.4 CITY-ST-ZIP	NEW YORK, NY 10038	
5.1 TITLE	CHRISTOPHER F. SCHULTZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CHRISTOPHER F. SCHULTZ	
5.3 STREET ADDRESS	180 MAIDEN LANE	
5.4 CITY-ST-ZIP	NEW YORK, N.Y. 10038	
6.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	M.O. VARNER	
6.3 STREET ADDRESS	180 MAIDEN LANE	
6.4 CITY-ST-ZIP	NEW YORK NY 10038	

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 its 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: *Christopher F. Schultz* Christopher F. Schultz 1/16/98 (212)50-3000

CR2E034 (10/97)