


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

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90016 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 834111

1. Corporation Name
ASARCO INCORPORATED



Principal Place of Business 180 MAIDEN LANE TAX DEPT 23RD FLOOR NEW YORK NY 10038 US	Mailing Address 180 MAIDEN LANE TAX DEPT. 23RD FLOOR NEW YORK NY 10038 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/03/1975	4. FEI Number 13-4924440	Applied For Not Applicable
21 180 MAIDEN LANE Suite, Apt. #, etc.	26 180 MAIDEN LANE Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 TAX DEPT. 23RD FL City & State	27 TAX DEPT 23RD FLOOR City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 NEW YORK, N.Y. Zip Country	28 NEW YORK, N.Y. Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 10038 25	29 10038 30			

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	P	<input type="checkbox"/> DELETE
NAME	MCALLISTER, FRANCIS	
STREET ADDRESS	1150 N 7TH AVE	
CITY-ST-ZIP	TUSCON AZ 85705	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NOVOTNY, R. M	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MUTH, R.J.	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WOODBURY, D.B.	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHULTZ, CHRISTOPHER F	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VARNER, M. O	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY 10038	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: David B. Foltz **REQUIRED** Date: 3/26/99 Daytime Phone #: 621250-3

CR2F034 (1-1/98)