

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90106 036 ***150.00

DOCUMENT # 834111

1. Entity 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 10038-4925 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 13-4924440	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" 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 WOODBURY, D.B.	
STREET ADDRESS 180 MAIDEN LANE	
CITY-ST-ZIP NEW YORK NY 10038	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME SCHULTZ, CHRISTOPHER F	
STREET ADDRESS 180 MAIDEN LANE	
CITY-ST-ZIP NEW YORK NY 10038	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME VARNER, M. O	
STREET ADDRESS 180 MAIDEN LANE	
CITY-ST-ZIP NEW YORK NY 10038	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME German Larrea Mota-Velasco	
STREET ADDRESS 180 Maiden Lane	
CITY-ST-ZIP NYC, NY 10038	
TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Genaro Larrea Mota-Velasco	
STREET ADDRESS 180 Maiden Lane	
CITY-ST-ZIP NYC, NY 10038	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Robert Ferri	
STREET ADDRESS 180 Maiden Lane	
CITY-ST-ZIP NYC, NY 10038	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 trustee 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.

SIGNATURE: David B. Foltz **REQUIRED** David B. Foltz 1/20/00 (212)510-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)