

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90186 040 \*\*\*150.00

**DOCUMENT # 834111**

1. Entity Name  
**ASARCO INCORPORATED**

Principal Place of Business <b>180 MAIDEN LANE          TAX DEPT 23RD FLOOR          NEW YORK NY 10038          US</b>	Mailing Address <b>180 MAIDEN LANE          TAX DEPT. 23RD FLOOR          NEW YORK NY 10038          US</b>
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2. Principal Place of Business <b>1150 N 7th AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>1150 N. 7th Ave</b> Suite, Apt. #, etc.
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City & State <b>Tucson AZ</b>	City & State <b>Tucson AZ</b>	4. FEI Number <b>13-4924440</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>85705</b>	Country	Zip <b>85705</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GERMAN, LARREA M 180 MAIDEN LANE NEW YORK NY 10038</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GENARO, LARREA M 180 MAIDEN LANE NEW YORK NY 10038</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FERRI, ROBERT 180 MAIDEN LANE NEW YORK NY 10038</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President XAVIER GARCIA de Quevedo 1150 N. 7th Ave Tucson AZ 85705</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary KEVIN J. McCaffrey 1150 N. 7th Ave Tucson AZ 85705</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Controller DENNIS MORNEAU 1150 N. 7th Ave Tucson, AZ 85705</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dennis Morneau / Dennis Morneau 4/26/01 879-7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR2001

CR2E034 (10/00)