

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214555150

1.) CORPORATION NAME:

NOVELIS 2 INC. (USED IN VA BY: NOVELIS INC.)

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CTR 16TH FL
1111 E MAIN ST**

SCC ID NO: **F1862061**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
UNLTD	99,999,999,999

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3560 Lenox Road NE, Suite 2000
Two Alliance Center

CITY/ST/ZIP: Atlanta, GA 30326

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	PHILIP R MARTENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	3560 LENOX ROAD NE		
CITY/ST/ZIP/CO:	SUITE 2000 ATLANTA, GA 30326		

NAME:	SHASHI MAUDGAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/PRES ASIA		
ADDRESS:	84-11.5-GA,NAMDAEMUN-RO,23RD FLOOR JUNG-GU SEOUL,100-7,KOREA REPUBLIC OF		
CITY/ST/ZIP/CO:	, , FN		

NAME:	MARCO A PALMIERI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, PRES NA		
ADDRESS:	3560 LENOX ROAD NE, SUITE 2000 TWO ALLIANCE CENTER		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326		

NAME:	STEVEN R FISHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CFO		
ADDRESS:	3560 LENOX ROAD NE SUITE 2000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326		

NAME:	KIHOON LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/INT AUDIT		
ADDRESS:	3560 LENOX ROAD NE SUITE 2000		
CITY/ST/ZIP/CO:	ATLANTA, GA 30326		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICHOLAS MADDEN SR VP/CPO 3560 LENOX ROAD NE SUITE 2000 ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERWIN MAYR SR VP/CS&CO STERNENFELDSTRASSE 19 KUSNACHT CH-87,SWITZERLAND , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDAL P MILLER VP/TREAS 3560 LENOX ROAD NE SUITE 2000 ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TADEU NARDOCCI SR VP/PRES SA AV NACOES UNIDAS 12551-15 ANDAR SAO PAULO SP,BRAZIL , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT NELSON VP/CONTROLLER 3560 LENOX ROAD NE SUITE 2000 ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE J PARRETTE JR SR VP/CORP SEC 3560 LENOX ROAD NE SUITE 2000 ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN RENNER VP/CIO 3560 LENOX ROAD NE SUITE 2000 ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT AUER ASST SECRETARY 3560 LENOX ROAD NE, SUITE 2000 TWO ALLIANCE CENTER ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARION G. BARNES ASST SECRETARY 231 CHURCH STREET MISSISSAUGA,L5M1N,CANADA , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK CLARK SVP/CTO 3560 LENOX ROAD NE, SUITE 2000 TWO ALLIANCE CENTER ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: LESLIE JOYCE TITLE: CVP, CPO ADDRESS: 3560 LENOX RD. NE SUITE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KUMAR M BIRLA TITLE: CHAIRMAN ADDRESS: 3560 LENOX RD NE SUITE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ASKARAN K. AGARWALA TITLE: DIRECTOR ADDRESS: 3560 LENOX RD. NE SUITE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DEBNARYAN BHATTACHARYA TITLE: DIRECTOR ADDRESS: 3560 LENOX RD. NE SUITE 2000 CITY/ST/ZIP/CO: ATLANTA, GA 30326	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CLARENCE J. CHANDRAN TITLE: DIRECTOR ADDRESS: 231 CHURCH STREET MISSISSAUGA, ON, L5M 1, CANADA , , FN	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SATISH PAI TITLE: DIRECTOR ADDRESS: S.K. AHIRE MARG, ADITYA BIRLA CENTRE MUMBAI, 400 0, INDIA , , FN	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD A. STEWART TITLE: DIRECTOR ADDRESS: 231 CHURCH STREET MISSISSAUGA, ON, L5M 1, CANADA , , FN	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ MARION G. BARNES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARION G. BARNES, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
1/7/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	