FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -3 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 822207 (7)

1. Corporation Name
CALGON CARBON CORPORATION

Principal Place of Business	Mailing Address
400 MEDIA DRIVE ROBINSON TOWNSHIP PA 15205	400 MEDIA DRIVE ROBINSON TOWNSHIP PA 15205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1968
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21: 400 Calgon Carbon Dr.
22: Suite, Apt. #, etc.
23: Pittsburgh PA.
24: 15205 Zip
25: Country

2a. Mailing Address
26: P.O. Box 717
27: Suite, Apt. #, etc.
28: Pittsburgh PA.
29: 15230-0717 Zip
30: Country

4. FEI Number: 25-0530110 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☑ Change ☐ Addition
NAME	MCCONOMY, THOMAS A.	12 NAME	RETIRED	
STREET ADDRESS	413 WOODLAND RD.	13 STREET ADDRESS		
CITY-ST-ZIP	SEWICKLEY PA	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	BAILEY, COLIN	22 NAME		
STREET ADDRESS	RD #6 SCAIFE RD	23 STREET ADDRESS		
CITY-ST-ZIP	SEWICKLEY PA	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	FISCHETTE, JOSEPH A	32 NAME		
STREET ADDRESS	1524 ASHBURY LANE	33 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	SHANNON, CLAYTON P.	42 NAME		
STREET ADDRESS	1759 HASTINGS MILL RD	43 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	TISCH, RONALD R.	52 NAME		
STREET ADDRESS	2 FAIRWAY ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	SEWICKLEY PA	54 CITY-ST-ZIP		
TITLE	VP	61 TITLE		☑ Change ☐ Addition
NAME	ZANITSCH, ROGER H.	62 NAME	RETIRED	
STREET ADDRESS	334 BOWER HILL RD.	63 STREET ADDRESS		
CITY-ST-ZIP	VENETIA PA	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: J. A. Zanitsch 2/27/95 412-787-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0474802 FP