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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State
06-09-1999 90002 047 ***550.00

DOCUMENT # 822207

1. Corporation Name
CALGON CARBON CORPORATION

Principal Place of Business	Mailing Address
400 CALGON CARSON DR. PITTSBURGH PA 15205 US	P.O. BOX 717 PITTSBURGH PA 15230-0717 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/31/1968

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 25-0530110 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	BAILEY, COLIN		1.2 NAME	James A. Cederna.	
STREET ADDRESS	RD #6 SCAIFE RD		1.3 STREET ADDRESS	801 Dolphin Drive	
CITY-ST-ZIP	SEWICKLEY PA		1.4 CITY-ST-ZIP	Panama City, FL. 32411	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FISCHETTE, JOSEPH A		2.2 NAME		
STREET ADDRESS	1524 ASHBURY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		2.4 CITY-ST-ZIP		
TITLE	SRVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MACCRUM JOHN M		3.2 NAME		
STREET ADDRESS	373 BABCOCK BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	GIBSONIA PA 15044		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TISCH, RONALD R.		4.2 NAME		
STREET ADDRESS	2 FAIRWAY ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEWICKLEY PA		4.4 CITY-ST-ZIP		
TITLE	X VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAURER JONATHON H		5.2 NAME		
STREET ADDRESS	90 PARK ENTRANCE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15228		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME			6.2 NAME	Marshall J. Morris	
STREET ADDRESS			6.3 STREET ADDRESS	206 Meadow Ridge Court	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Mc Kees Rocks, PA 15136	

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: _____ 5/4/99 (412) 787-4526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joseph A. Fischette

CR2E034 (11/98)