

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822207

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-0530110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CEDERNA, JAMES A**
CITY-ST-ZIP **801 DOLPHINS DR
PANAMA CITY FL 32411**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **FISCHE, JOSEPH A**
CITY-ST-ZIP **1524 ASHBURY LANE
PITTSBURGH PA**

TITLE ☒ Delete
NAME **SRVP**
STREET ADDRESS **MACCRUM JOHN M**
CITY-ST-ZIP **373 BABCOCK BLVD
GIBSONIA PA 15044**

TITLE ☒ Delete
NAME **VP**
STREET ADDRESS **TISCH, RONALD R.**
CITY-ST-ZIP **2 FAIRWAY ROAD
SEWICKLEY PA**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MAURER JONATHAN H**
CITY-ST-ZIP **90 PARK ENTRANCE DR
PITTSBURGH PA 15228**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **MORRIS, MARSHALL J**
CITY-ST-ZIP **206 MEADOW RIDGE CRT
MC KEES ROCKS PA 15136**

TITLE ☒ Change ☐ Addition
NAME **P/D**
STREET ADDRESS **122 Gatehouse Drive**
CITY-ST-ZIP **Moon Twp, PA 15108**

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **Benjamin F. Ward, Jr.**
CITY-ST-ZIP **2529 Minton Dr
Moon Twp, PA 15018**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP/CFO**
STREET ADDRESS **William E. Cann**
CITY-ST-ZIP **5308 Crocus Court
Holly Springs, NC. 27540**

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:

Joseph A Fische **Joseph A Fische**

Date

4/27/00 (412) 787-6700

Daytime Phone #

CR02EN24 10/0001