

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90472 026 ***150.00

DOCUMENT # 822207

1. Entity Name

CALGON CARBON CORPORATION

Principal Place of Business

**400 CALGON CARSON DR.
PITTSBURGH PA 15205
US**

Mailing Address

**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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CEDERNA, JAMES A**
STREET ADDRESS **801 DOLPHINS DR**
CITY-ST-ZIP **PANAMA CITY FL 32411**TITLE ☒ Change ☐ Addition
NAME **122 GATEHOUSE DR**
STREET ADDRESS **MOON TOWNSHIP, PA 15108**
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **FISCHETTE, JOSEPH A**
STREET ADDRESS **1524 ASHBURY LANE**
CITY-ST-ZIP **PITTSBURGH PA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SRVP** ☒ Delete
NAME **MACCRUM JOHN M**
STREET ADDRESS **373 BABCOCK BLVD**
CITY-ST-ZIP **GIBSONIA PA 15044**TITLE **SRVP-TECHNOLOGY** ☒ Change ☒ Addition
NAME **BENJAMIN F WARD, JR**
STREET ADDRESS **2527 MINTON DR**
CITY-ST-ZIP **MOON TOWNSHIP, PA 15018**TITLE **VP** ☒ Delete
NAME **TISCH, RONALD R.**
STREET ADDRESS **2 FAIRWAY ROAD**
CITY-ST-ZIP **SEWICKLEY PA**TITLE **VP/CFO** ☐ Change ☒ Addition
NAME **WILLIAM E CANN**
STREET ADDRESS **5308 CROCHES COURT**
CITY-ST-ZIP **HOLLY SPRINGS, NC 27540**TITLE **T** ☒ Delete
NAME **MAURER JONATHAN H**
STREET ADDRESS **90 PARK ENTRANCE DR**
CITY-ST-ZIP **PITTSBURGH PA 15228**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☒ Delete
NAME **MORRIS, MARSHALL J**
STREET ADDRESS **206 MEADOW RIDGE CRT**
CITY-ST-ZIP **MC KEES ROCKS PA 15136**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *William E Cann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E CANN 3-12-01 (412) 787-6700

Date

Daytime Phone #

CR2E034 (10/00)