

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822207

FILED
Apr 12, 2005
Secretary of State

Entity Name: CALGON CARBON CORPORATION

Current Principal Place of Business:

400 CALGON CARBON DR.
PITTSBURGH, PA 15205 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 717
PITTSBURGH, PA 152300717 US

New Mailing Address:

FEI Number: 25-0530110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STANIK, JOHN S
Address: 400 CALGON CARBON DRIVE
City-St-Zip: PITTSBURGH, PA 15205

Title: VP () Delete
Name: BALL, LEROY M
Address: 400 CALGON CARBON DRIVE
City-St-Zip: PITTSBURGH, PA 15205

Title: VP () Delete
Name: O'BRIEN, ROBERT
Address: 400 CALGON CARBON DRIVE
City-St-Zip: PITTSBURGH, PA 15205

Title: S () Delete
Name: MOCNIAK, MICHAEL J
Address: 400 CALGON CARBON DRIVE
City-St-Zip: PITTSBURGH, PA 15205

Title: VP () Delete
Name: FISHBURNE, JAMES
Address: 400 CALGON CARBON DRIVE
City-St-Zip: PITTSBURGH, PA 15205

Title: VP () Delete
Name: GERONO, GAIL
Address: 400 CALGON CARBON DRIVE
City-St-Zip: PITTSBURGH, PA 15205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J MOCNIAK

S

04/12/2005

Electronic Signature of Signing Officer or Director

Date