| 2004 | IINIEADM | DHEINESS | DEDODT | /IIDD\ |
|--------------|----------|-----------------|--------|--------|
| 200 i | UNITONM | BUSINESS | REPURI | (UDN) |

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|---|--|---------------------------------------|--------------|-------------------------------|--|--|--|--------------------------------|-------------------|------------------------------|
| DOCUMENT # F00000007213 | | | | | | · Mr silipung , | | | | 3425 A1 |
| SHOWA DENKO CARBON SALES, INC. | | | | | | FILED | | | | _ |
| | | | | | | | | | | |
| Principal Place of Business Malling Address | | | | | | 01 OCT 29 P | M 5: 41 | | | |
| 478 RIDGE RO RIDGEVILLE S | | 478 RIDGE ROAD RIDGEVILLE SC 29472 | | | | SECRETARY OF TALLAHASSEE. | STATE | | | |
| | | | | | | | | | | |
| 2. Principal F | Place of Business . | 3. Mailing Address Po Box 294720/ | | | | | aa nit aa nii aa ni | | 186 Ifili 1861 | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | City & State Ridge ville, SC | | 4. | FEI Number 57-1109730 | | | plied For Applicable |] | |
| Zip | Country | Zip 29472- | Cour | ntry USI | 5. | Certificate of Status Desired | | 8.75 Addi e Required | | |
| - 6. Name and Address of Current Registered Agent | | | | Name | ~~ 7. | Name and Address of New Re | gistered Ag | ent | | - |
| | PORATION SYSTEM | | | Street Add | dress (P.O. I | Box Number is Not Acceptable | ı | | | - |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | | | | | | | + |
| | | | | City | | - | FL | Zip Code |) | 1 |
| 8. The above | named entity submits this statement for | the purpose of changing its | register | ed office or re | egistered aç | gent, or both, in the State of Flor | | L | | 1 |
| SIGNATURE | Mary R. C | Idama | | | | R. ADAMS | 1/5/01 | | | |
| SIGNATURE Signature, typed or printed name of egistered agent and title if applicable. (NOTE: Registered Agent signature re- | | | | | | EANT, SECRETARY | DATE | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria on back) See criteria on back) | | | 2, 2001 | Fee will be | \$750.00 | 10. Election Campaign Fina Trust Fund Contribution | | | May Be to Fees | |
| 11. | officers and c | Make Check Payat | 12. | ерапшеш | | DDITIONS/CHANGES TO OFFI | CERS AND D | IRECTORS | IN 11 | - |
| TITLE .* | PD | ☐ Delete | TITL | | | | [| Change | Addition | 16/ |
| NAME STREET ADDRESS | 478 RIDGE ROAD SIF | | NAM STRI | ME EET ADDRESS | | 1000046858816 -11/16/0101082009 | | | | = = = = = CR2E034 (5/01) |
| CITY-ST-ZIP | | | CITY | '-ST-ZIP | -117 157 01 01052 003 *****750, 00 *****750, 00 Change Change | | | | | PZEC |
| TITLE NAME | VSD TANIKAWA, HIROSHI | ☐ Delete | TITL | | | | ι | Change | ☐ Addition | Ü |
| STREET ADDRESS | 478 RIDGE ROAD | | 4 | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | RIDGEVILLE SC 29472 | Delete | TITL | '-ST-ZIP | | | | | - [-] Addition | - |
| NAME | KAHL, JAMES S | KAHL, JAMES S | | | | TATEMEN | | Y | ras · | |
| STREET ADDRESS CITY-ST-ZIP | TO NIDGE NORD | | | EET ADDRESS : 37 - ST- ZIP | -18 % 16 AM | , , , , | | • | 3 | |
| TITLE | D D | ☐ Delete | TITL | E | | | | Change | Addition | 1 |
| NAME STREET ADDRESS | ULMER, STEPHEN L 478 RIDGE ROAD | | NAM | EET ADDRESS | | | | | | 1 |
| CITY-ST-ZIP | RIDGEVILLE SC 29472 | | | -ST-ZIP | | | | | | |
| TITLE NAME | | ☐ Delete | TITL | | | | [| Change | ☐ Addition | |
| STREET ADDRESS | | | STRI | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | — | | -ST-ZIP | | | | 7.00 | | - |
| TITLE NAME | | ☐ Delete | TITL: NAM | | | | L | Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | STREE | | | ET ADDRESS | | , | | | | |
| 13. I hereby | Lectify that the information supplied with t | this filing does not qualify for | r the exe | mption stated | d in Section | 119.07(3)(i), Florida Statutes. I | further certify | that the in | formation | 1 |
| 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: SIGNATURE RECEIPED SIGNATURE: 9/24/01 643-8 | | | | | | 3-85/- | 6432 | | | |
| | SIGNATURE AND TYPED OR PR | INTED NAME OF SIGNING OFFICER | OR DIRECT | TOR | | Date | Davt | ime Phone # | | 1 |