

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000007213

1. Entity Name
SHOWA DENKO CARBON SALES, INC.

Principal Place of Business 478 RIDGE ROAD RIDGEVILLE SC 29472	Mailing Address 478 RIDGE ROAD RIDGEVILLE SC 29472
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2. Principal Place of Business	3. Mailing Address PO Box 2947201
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ridgeville, SC	4. FEI Number 57-1109730	Applied For <input type="checkbox"/> Not Applicable
Zip 29472	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

FILED

01 OCT 29 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 *Mary R. Adams* **MARY R. ADAMS** **ASSISTANT SECRETARY** *11/5/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required only if changing registered agent.) 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 \$550.00**
After September 12, 2001 Fee will be \$750.00
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 PD	WHITEN, ROBERT C 478 RIDGE ROAD RIDGEVILLE SC 29472	TITLE	
TITLE	VSD	TITLE	
TITLE	T	TITLE	
TITLE	D	TITLE	
TITLE		TITLE	
TITLE		TITLE	

100004685881--6
 -11/16/01--01082--009
 ****750.00 ****750.00

STATEMENT OF *OL* **78**

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: *MARY R. ADAMS* **MARY R. ADAMS** **S. KAHL** *9/26/01* *843-851-6432*
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

0133425 AT

CR2E034 (5/01)