


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000007213 1. Entity Name SHOWA DENKO CARBON SALES, INC.	
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Principal Place of Business 478 RIDGE ROAD RIDGEVILLE SC 29472	Mailing Address P.O. BOX 2947201 RIDGEVILLE SC 29472
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

4. FEI Number 57-1109730	Applied For <input type="checkbox"/> Not Applicable
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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
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD WHITTEN, ROBERT C <input type="checkbox"/> Delete
NAME	478 RIDGE ROAD
STREET ADDRESS	RIDGEVILLE SC 29472
CITY- ST- ZIP	
TITLE	VSD TANIKAWA, HIROSHI <input type="checkbox"/> Delete
NAME	478 RIDGE ROAD
STREET ADDRESS	RIDGEVILLE SC 29472
CITY- ST- ZIP	
TITLE	T KAHL, JAMES S <input type="checkbox"/> Delete
NAME	478 RIDGE ROAD
STREET ADDRESS	RIDGEVILLE SC 29472
CITY- ST- ZIP	
TITLE	D ULMER, STEPHEN L <input type="checkbox"/> Delete
NAME	478 RIDGE ROAD
STREET ADDRESS	RIDGEVILLE SC 29472
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000330300
04/25/05-20155-008 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/22/05**