

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000002377

1. Entity Name
AVX USA CORPORATION



Principal Place of Business
**801 17TH AVE S
MYRTLE BEACH, SC 29578-0867**

Mailing Address
**PO BOX 867
MYRTLE BEACH, SC 29578-0867**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0379007

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

02/19/08-80002-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	GILBERTSON, JOHN S
STREET ADDRESS	801 17TH AVE SOUTH
CITY-ST-ZIP	MYRTLE BEACH, SC 295780867
TITLE	VPTS
NAME	CUMMINGS, KURT P
STREET ADDRESS	801 17TH AVE S
CITY-ST-ZIP	MYRTLE BEACH, SC 295780867
TITLE	CFO
NAME	CUMMINGS, KURT P
STREET ADDRESS	801 17TH AVE S
CITY-ST-ZIP	MYRTLE BEACH, SC 295780867
TITLE	VP
NAME	CHAN, SM
STREET ADDRESS	801 17TH AVE S
CITY-ST-ZIP	MYRTLE BEACH, SC 295780867
TITLE	VP
NAME	EGGERDING, CARL
STREET ADDRESS	801 17TH AVE S
CITY-ST-ZIP	MYRTLE BEACH, SC 295780867
TITLE	VP
NAME	JACKSON, C MARSHALL
STREET ADDRESS	801 17TH AVE S
CITY-ST-ZIP	MYRTLE BEACH, SC 295780867

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kurt P. Cummings

1/21/08

Date

843-946-0444

Daytime Phone #