

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22222

Entity Name: KOPPERS INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

1750 KOPPERS BLDG
436 7TH AVENUE
PITTSBURGH, PA 15219 US

New Principal Place of Business:

Current Mailing Address:

1750 KOPPERS BLDG
436 7TH AVENUE
PITTSBURGH, PA 15219 US

New Mailing Address:

FEI Number: 25-1588399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PCEO () Delete
Name: TURNER, WALTER W
Address: 436 SEVENTH AVENUE, SUITE 1550
City-St-Zip: PITTSBURGH, PA 15219

Title: D () Delete
Name: SWEENEY, CLAYTON A
Address: 120 FIFTH AVENUE, SUITE 2700
City-St-Zip: PITTSBURGH, PA 15222

Title: VPCO () Delete
Name: MCCURRIE, BRIAN
Address: 436 SEVENTH AVENUE, SUITE 1550
City-St-Zip: PITTSBURGH, PA 15219

Title: D () Delete
Name: OBERBECK, CHRISTION L
Address: 535 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: T () Delete
Name: SCHAMING, CLAIRE M
Address: 436 SEVENTH AVENUE, SUITE 1750
City-St-Zip: PITTSBURGH, PA 15219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
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:

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 Chapter 119, 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: M. CLAIRE SCHAMING

TREA

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date