FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-27-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

B-4672 C

APPROVED AND FILED

95 APR 27 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32097** **(8)**

1. Corporation Name
KEMET CORPORATION

Principal Place of Business	Mailing Address
2835 KEMET WAY SIMPSONVILLE SC 29681	2835 KEMET WAY SIMPSONVILLE SC 29681

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/13/1990**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: **57-0923789** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MAGUIRE, DAVID E	12 NAME	
STREET ADDRESS	2835 KEMET WAY	13 STREET ADDRESS	
CITY-ST-ZIP	SIMPSONVILLE SC	14 CITY-ST-ZIP	
TITLE	TAS	21 TITLE	☐ Change ☐ Addition
NAME	JEROZAL, J J	22 NAME	
STREET ADDRESS	2835 KEMET WAY	23 STREET ADDRESS	
CITY-ST-ZIP	SIMPSONVILLE SC	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KOHL, STEWART A.	32 NAME	
STREET ADDRESS	50 PUBLIC SQUARE, STE. 3200	33 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	VOLPE, CHARLES E.	42 NAME	
STREET ADDRESS	2835 KEMET WAY	43 STREET ADDRESS	
CITY-ST-ZIP	SIMPSONVILLE SC	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	CASH, D RAY	52 NAME	
STREET ADDRESS	2835 KEMET WAY	53 STREET ADDRESS	
CITY-ST-ZIP	SIMPSONVILLE SC	54 CITY-ST-ZIP	
TITLE	VS	61 TITLE	☐ Change ☐ Addition
NAME	SPEARS, G H	62 NAME	
STREET ADDRESS	2835 KEMET WAY	63 STREET ADDRESS	
CITY-ST-ZIP	SIMPSONVILLE SC	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D. RAY CASH D. Ray Cash 4-18-95 (803)963-6300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MAKING REPORT Date Daytime Phone #

0470316 FP