## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT #

KEMET	CORPOR	ΔΤΙΩΝ
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110 NORTH MAGNOLIA STREET

TALLAHASSEE FL 32301

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

2835 KEMET WAY SIMPSONVILLE SC 29681

2. Principal Place of Business

Suite, Apt. #, etc

City & State

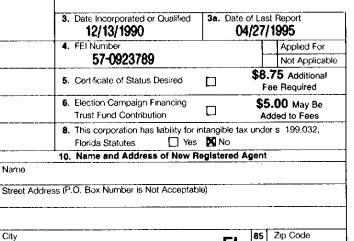
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2835 KEMET WAY SIMPSONVILLE SC 29681



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.

Country

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City

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SIGNATURE	· · · · ·				
SIGNATURE _	Signature, typed or printed name of registered agent and title if app	cable. (NOTE: I	Registered Agent signature required	when reinstating) DATE	
12.	OFFICERS AND DIRECTO	DRS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DRS IN 12
TITLE	F'D	DELETE	1. 1 TOLE	Change	Addition
NAME	MAGUIRE, DAVID E		1.2 NAME		
STREET ADDRESS	2835 KEMET WAY		1.3 STREET ADDRESS		
CITY - ST - ZIP	SIMPSONVILLE SC		1.4 CITY - ST - ZIP		
TITLE	TAS	☐ DELÉTE	2 1 TITLE	☐ Change	☐ Addition
NAME	JEROZAL, J J		2.2 NAME		
STREET ADDRESS	2835 KEMET WAY		2 3 STREET ADDRESS		
CITY - ST - ZIP	SIMPSONVILLE SC		2.4 CITY-ST-ZIP		<u>_</u>
TITLE	D	DELETE:	3. 1 TITLE	☐ Change	☐ Addition
NAME	Kohl, Stewart A.		3.2 NAME		
STREET ADDRESS	50 PUBLIC SQUARE, STE. 3200		3.3. \$TREE1 ADDRESS		
CITY - ST - ZIP	CLEVELAND OH		3.4 CITY-ST-ZIP		
TITLE	VD	DELETE.	4.1 TITLE	Change	☐ Addition
NAME	VOLPE, CHARLES E.		4 2 NAME		
STREET ADDRESS	2835 KEMET WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	SIMPSONVILLE SC		44 CITY+ST-ZIP		
TITLE	V	☐ DELETE	5 1 TITLE	☐ Change	☐ Addition
NAME	CASH, D RAY		5.2 NAME		
STREET ADDRESS	2835 KEMET WAY		5 3 STREET ADDRESS		
CITY-ST-ZIP	SIMPSONVILLE SC		5.4 CITY - ST - ZIP		
TITLE	VS	☐ DELETE	6. 1 TITLE	☐ Change	Addition
NAME	SPEARS, G H		6.2 NAME		
STREET ADDRESS	2835 KEMET WAY		6 3 STREET ADDRESS		
CITY - ST - ZIP	SIMPSONVILLE SC		6.4 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)(k). Florida Statutes. I further certify that the information indicated on this angulal 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 comparation of the compa appears in Block 12 or Block 13 if change

SIGNATURE:

OFFICER OR DIRECTOR

19/94 (864) 963.6300