

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32097

(8)

1. Corporation Name
KEMET CORPORATION



Principal Place of Business

2835 KEMET WAY
SIMPSONVILLE SC 29681

Mailing Address

2835 KEMET WAY
SIMPSONVILLE SC 29681

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1990	
21	Suite, Apt. #, etc.	26	ATTN: CORP TAX DEPT.	4. FEI Number 57-0923789	Applied For Not Applicable
22	City & State	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent					
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301					
				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	PRESIDENT
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	PCOO	2.1 TITLE	DAVID E MAGUIRE
NAME	WEAVER, TERRY R.	2.2 NAME	
STREET ADDRESS	2835 KEMET WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SIMPSONVILLE SC	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	KOHL, STEWART A.	3.2 NAME	
STREET ADDRESS	50 PUBLIC SQUARE, STE. 3200	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	VOLPE, CHARLES E.	4.2 NAME	
STREET ADDRESS	2835 KEMET WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SIMPSONVILLE SC	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
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	6.1 TITLE	
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 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 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

3-9-98

864-963-6306

CR2E034 (10/97)