

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32097

1. Entity Name

KEMET CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90306 004 ***150.00

Principal Place of Business

Mailing Address

2835 KEMET WAY
 SIMPSONVILLE SC 29681

ATTN: CORP TAX DEPT.
 SIMPSONVILLE SC 29681
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2835 Kemet Way

City & State

City & State

Simpsonville, SC

Zip

Country

Zip

Country

29681

USA

4. FEI Number

57-0923789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **MAGUIRE, DAVID E**
 STREET ADDRESS **2835 KEMET WAY**
 CITY-ST-ZIP **SIMPSONVILLE SC**

TITLE **C** ☒ Change ☐ Addition
 NAME **David E. Maguire**
 STREET ADDRESS **2835 Kemet Way**
 CITY-ST-ZIP **Simpsonville, SC**

TITLE **D** ☐ Delete
 NAME **KOHL, STEWART A.**
 STREET ADDRESS **50 PUBLIC SQUARE, STE. 3200**
 CITY-ST-ZIP **CLEVELAND OH**

TITLE **D** ☐ Change ☒ Addition
 NAME **Maddrey II, E. Erwin**
 STREET ADDRESS **233 N. Main Street**
 CITY-ST-ZIP **Greenville, SC 29601**

TITLE **D** ☐ Delete
 NAME **VOLPE, CHARLES E.**
 STREET ADDRESS **2835 KEMET WAY**
 CITY-ST-ZIP **SIMPSONVILLE SC**

TITLE **D** ☐ Change ☒ Addition
 NAME **Schorr IV, Paul C.**
 STREET ADDRESS **399 Park Ave., 14th Floor**
 CITY-ST-ZIP **New York, NY 10043**

TITLE **T** ☐ Delete
 NAME **CASH, D RAY**
 STREET ADDRESS **2835 KEMET WAY**
 CITY-ST-ZIP **SIMPSONVILLE SC**

TITLE **V/T** ☒ Change ☐ Addition
 NAME **Cash, D. Ray**
 STREET ADDRESS **2835 Kemet Way**
 CITY-ST-ZIP **Simpsonville, SC**

TITLE **VS** ☐ Delete
 NAME **SPEARS, G H**
 STREET ADDRESS **2835 KEMET WAY**
 CITY-ST-ZIP **SIMPSONVILLE SC**

TITLE **P** ☐ Change ☒ Addition
 NAME **Culbertson II, Charles M.**
 STREET ADDRESS **2835 Kemet Way**
 CITY-ST-ZIP **Simpsonville, SC**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 11 or Block 12 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

D. Ray Cash

Date

4/27/00

Daytime Phone #

(864)963-6300

CR2E034 (9/99)