

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32097

FILED
Apr 20, 2009
Secretary of State

Entity Name: KEMET CORPORATION

Current Principal Place of Business:

2835 KEMET WAY
SIMPSONVILLE, SC 29681

New Principal Place of Business:

Current Mailing Address:

ATTN: CORP TAX DEPT.
2835 KEMET WAY
SIMPSONVILLE, SC 29681 US

New Mailing Address:

FEI Number: 57-0923789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE, FL 32301 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: D () Delete
Name: BEDI, GURMINDER S
Address: 1010 SEAGROVE LANE, BEACH HOUSE 1
City-St-Zip: SARASOTA, FL 34242

Title: ST () Delete
Name: BOONE, MICHAEL W
Address: 2835 KEMET WAY
City-St-Zip: SIMPSONVILLE, SC 29681

Title: D () Delete
Name: MADDREY, E E
Address: 233 N. MAIN STREET
City-St-Zip: GREENVILLE, SC 29601

Title: D () Delete
Name: PAUL, ROBERT G
Address: 20 VIA TIBERIUS WAY
City-St-Zip: HENDERSON, NV 89011

Title: D () Delete
Name: BRANDENBERG, FRANK
Address: 1589 HICKORY VALLEY RD.
City-St-Zip: MILFORD, MI 48380

Title: D () Delete
Name: SWANN, JOSEPH D
Address: 6040 PONDERERS COURT
City-St-Zip: GREENVILLE, SC 29615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: BOONE, MICHAEL W
Address: 2835 KEMET WAY
City-St-Zip: SIMPSONVILLE, SC 29681

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 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: DAVID KNOX

VP

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date