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**Mar 26 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34386 (3)

1. Corporation Name
YUASA-EXIDE, INC.



Principal Place of Business 2400 BEINVILLE ROAD READING PA 19605 US	Mailing Address 2400 BERNVILLE RD READING PA 19605 US
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3. Date Incorporated or Qualified 06/19/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 95-2388156	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2366 BERNVILLE ROAD State, Apt. #, etc.	2a. Mailing Address 26 2366 BERNVILLE ROAD Suite Apt. #, etc.
22 READING, PA City & State	27 P.O. BOX 14145 City & State
23 19605 US Zip Country	28 19612-4145 US Zip Country

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
85 Zip Code

FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	YUASA, TERUHISA	
STREET ADDRESS	2400 BERNVILLE ROAD READING PA	
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EHLERMAN, P. MICHAEL	
STREET ADDRESS	240 BERNVILLE ROAD READING PA	
CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	CRAIG, JOHN	
STREET ADDRESS	2400 BERNVILLE ROAD READING PA	
CITY-ST-ZIP		
TITLE	TV	<input type="checkbox"/> DELETE
NAME	PHILION, MICHAEL	
STREET ADDRESS	2400 BERNVILLE ROAD READING PA	
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, BRUCE	
STREET ADDRESS	2400 BERNVILLE ROAD READING PA	
CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HORIVCHI, HIROSHI	
STREET ADDRESS	2400 BERNVILLE ROAD READING PA	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2366 BERNVILLE ROAD READING, PA 19605
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2366 BERNVILLE ROAD READING, PA 19605
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2366 BERNVILLE ROAD READING, PA 19605
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2366 BERNVILLE ROAD READING, PA 19605
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2366 BERNVILLE ROAD READING, PA 19605
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	2366 BERNVILLE ROAD READING, PA 19605
6.4 CITY-ST-ZIP	

14. I do 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: Michael T. Philion **MICHAEL T. PHILION** 3/18/97 (610) 208-1738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)