

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

FILED

**Feb 12 1998 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P34386 (3)

1. Corporation Name
YUASA-EXIDE, INC.

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| Principal Place of Business 2366 BERNVILLE RD. READING PA 19605 US | Mailing Address 2366 BERNVILLE RD. P.O. BOX 14145 READING PA 19612-4145 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/19/1991 | |
| 2. Principal Place of Business 21 2366 Bernville Rd Suite, Apt. #, etc. | 2a. Mailing Address 26 2366 Bernville Rd. Suite, Apt. #, etc. |
| 22 Reading, PA City & State | 27 PO Box 14145 City & State |
| 23 19605 25 US Zip Country | 28 Reading, PA City & State |
| 24 19605 25 US Zip Country | 29 19612-4145 30 US Zip Country |
| 4. FEI Number 95-2388156 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

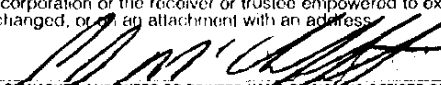
| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 85 Zip Code | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | 84 City | |
| 83 | | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|--|
| TITLE | CD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YUASA, TERUHISA | 1.2 NAME | |
| STREET ADDRESS | 2366 BERNVILLE RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | READING PA | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EHLERMAN, P. MICHAEL | 2.2 NAME | |
| STREET ADDRESS | 2366 BERNVILLE RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | READING PA | 2.4 CITY-ST-ZIP | |
| TITLE | EVP | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRAIG, JOHN | 3.2 NAME | |
| STREET ADDRESS | 2366 BERNVILLE RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | READING PA | 3.4 CITY-ST-ZIP | |
| TITLE | TV | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PHILION, MICHAEL | 4.2 NAME | VICE PRESIDENT & CFO |
| STREET ADDRESS | 2366 BERNVILLE RD. | 4.3 STREET ADDRESS | MICHAEL PHILION |
| CITY-ST-ZIP | READING PA | 4.4 CITY-ST-ZIP | 2366 BERNVILLE ROAD |
| TITLE | V | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SMITH, BRUCE | 5.2 NAME | TREASURER |
| STREET ADDRESS | 2366 BERNVILLE RD. | 5.3 STREET ADDRESS | PATRICK J. McCLAFFERTY |
| CITY-ST-ZIP | READING PA | 5.4 CITY-ST-ZIP | 2366 BERNVILLE ROAD |
| TITLE | VPS | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HORVCHI, HIROSHI | 6.2 NAME | |
| STREET ADDRESS | 2366 BERNVILLE RD. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | READING PA | 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:  **PATRICK J. McCLAFFERTY** 1/19/98 610-208-1738

CR2E034 (10/97)