

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

FILED

**May 13 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 # 842764 (3)

1. Corporation Name
SCHINDLER ELEVATOR CORPORATION



Principal Place of Business 20 WHIPPANY RD. 20 WHIPPANY ROAD MORRISTOWN NJ 07960 US	Mailing Address P.O. BOX 1935 20 WHIPPANY ROAD MORRISTOWN NJ 07932-935 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address 20 Whippamy Rd Suite, Apt. #, etc.
22 City & State	27 City & State Morristown NJ
23 Zip 07960	28 Country US

3. Date Incorporated or Qualified 03/08/1979	
4. FEI Number 34-1270056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ZBINDEN, PETER, J.
STREET ADDRESS	SCHINDLER MGMT LTD HQ
CITY-ST-ZIP	EBikon-LUZERN, SWITZ.
TITLE	P <input type="checkbox"/> DELETE
NAME	COCCA, JAMES L.
STREET ADDRESS	20 WHIPPANY ROAD
CITY-ST-ZIP	MORRISTOWN NJ
TITLE	V <input type="checkbox"/> DELETE
NAME	THOMAS, MICHAEL W
STREET ADDRESS	20 WHIPPANY ROAD
CITY-ST-ZIP	MORRISTOWN NJ
TITLE	SV <input type="checkbox"/> DELETE
NAME	KARNASH, JOHN S.M.
STREET ADDRESS	20 WHIPPANY ROAD
CITY-ST-ZIP	MORRISTOWN NJ
TITLE	VPT <input type="checkbox"/> DELETE
NAME	IMPELLIZERI, JOHN
STREET ADDRESS	20 WHIPPANY ROAD
CITY-ST-ZIP	MORRISTOWN NJ
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP Heikki J. Poutanen
6.3 STREET ADDRESS	20 Whippamy Rd.
6.4 CITY-ST-ZIP	MORRISTOWN NJ 07960

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 its 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 _____

CR2E034 (10/97)