

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **843822** (8)
1. Corporation Name
CARLISLE MEMORY PRODUCTS GROUP INCORPORATED

95 FEB 21 AM 11:34

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
250 S. CLINTON ST. STE. 201 SYRACUSE NY 13202 US		250 S. CLINTON ST. STE. 201 SYRACUSE NY 13202 US		07/31/1979	06/07/1994
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	75-1572497	Not Applicable		
Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	<input type="checkbox"/>			
City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23	28	<input type="checkbox"/>			
Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City		
				FL	B5	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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUN, STEPHEN	1.2 NAME	
STREET ADDRESS	250 S. CLINTON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DENNIS J.	2.2 NAME	
STREET ADDRESS	250 S. CLINTON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELBACH, SCOTT C.	3.2 NAME	
STREET ADDRESS	250 S. CLINTON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DENNIS J.	4.2 NAME	
STREET ADDRESS	250 S. CLINTON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNN, STEPHEN P.	5.2 NAME	
STREET ADDRESS	250 S. CLINTON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINEAU, JAMES B	6.2 NAME	
STREET ADDRESS	250 S. CLINTON ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Scott C. Selbach* **Scott C. Selbach** Feb. 2, 1995 3154779104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed or Printed)