

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED) MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



PROFIT CORPORATION ANNUAL REPORT 1996

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

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



Principal Place of Business Mailing Address
250 S. CLINTON ST. STE. 201 SYRACUSE NY 13202 US

3. Date Incorporated or Qualified **07/31/1979** 3a. Date of Last Report **02/21/1995**
 4. FEI Number **75-1572497** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
 22 City & State 27 City & State
 23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 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 **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's signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUN, STEPHEN	12 NAME	
STREET ADDRESS	250 S. CLINTON ST.	13 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	14 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DENNIS J.	22 NAME	
STREET ADDRESS	250 S. CLINTON ST.	23 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	24 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELBACH, SCOTT C.	32 NAME	S
STREET ADDRESS	250 S. CLINTON ST.	33 STREET ADDRESS	Steven Ford
CITY-ST-ZIP	SYRACUSE NY	34 CITY-ST-ZIP	250 S. Clinton St
TITLE	TD <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, DENNIS J.	42 NAME	R
STREET ADDRESS	250 S. CLINTON ST.	43 STREET ADDRESS	Robert Ryan, JR
CITY-ST-ZIP	SYRACUSE NY	44 CITY-ST-ZIP	250 S. Clinton St
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNN, STEPHEN P.	52 NAME	AP
STREET ADDRESS	250 S. CLINTON ST.	53 STREET ADDRESS	Scott Kingsley
CITY-ST-ZIP	SYRACUSE NY	54 CITY-ST-ZIP	250 S. Clinton St
TITLE	AT <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINEAU, JAMES B	62 NAME	
STREET ADDRESS	250 S. CLINTON ST.	63 STREET ADDRESS	
CITY-ST-ZIP	SYRACUSE NY	64 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 199.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Treasure** **8-1-96** **315-477-9104**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee #

CR2E034 (3/96)