

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

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 857317 (2)**

1. Corporation Name  
**WELDED CONSTRUCTION COMPANY**



Principal Place of Business 26933 ECKEL ROAD P.O. BOX 470 PERRYSBURG OH 43552	Mailing Address 26933 ECKEL ROAD P.O. BOX 470 PERRYSBURG OH 43552
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/04/1983</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>38-1810693</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOGG, R.H.		1.2 NAME	DJ GUNTHER	
STREET ADDRESS	1663 WYANDOTTE		1.3 STREET ADDRESS	3000 POST OAK BLVD	
CITY-ST-ZIP	MAUMEE OH 43537		1.4 CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	JD CARTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORN, D.W.		2.2 NAME	Director	
STREET ADDRESS	671 OAK KNOLL		2.3 STREET ADDRESS	3000 POST OAK BLVD	
CITY-ST-ZIP	PERRYSBURG OH 43551		2.4 CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRKINS, D.R.		3.2 NAME		
STREET ADDRESS	7225 REGENTS PARK		3.3 STREET ADDRESS		
CITY-ST-ZIP	TOLEDO OH 43617		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THELE, M.L.		4.2 NAME		
STREET ADDRESS	3000 POST OAK BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77056		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACCARIA, A		5.2 NAME		
STREET ADDRESS	50 BEALE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNRUH, V.P.		6.2 NAME		
STREET ADDRESS	50 BEALE STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		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 by an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)