FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 21 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000826 (8)

1. Corporation Name

~~PERMACOTE PLASTICS, INC.~~
NEW NAME: PERMA-COTE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
42 FEATHERS AVENUE UNIONTOWN PA 15401	42 FEATHERS AVENUE UNIONTOWN PA 15401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1993
3a. Date of Last Report: 03/21/1994
4. FEI Number: 25-1193977 — [ ] 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	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 ____________________
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GEARING, JOSEPH P
STREET ADDRESS	51 EMERSON STREET
CITY-ST-ZIP	UNIONTOWN PA 15401
TITLE	SD
NAME	GEARING, SHIRLEY
STREET ADDRESS	51 EMERSON STREET
CITY-ST-ZIP	UNIONTOWN PA 15401
TITLE	VP
NAME	GEARING, DANIEL
STREET ADDRESS	52 EMERSON STREET
CITY-ST-ZIP	UNIONTOWN PA 15401
TITLE	T
NAME	GEARING, GARY
STREET ADDRESS	126 UNION STREET
CITY-ST-ZIP	UNIONTOWN PA 15401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — [ ] Change [ ] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP — [ ] Change [ ] Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — [ ] Change [ ] Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — [ ] Change [ ] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — [ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — [ ] Change [ ] Addition

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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 119.07(1)(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: Joseph P. Gearing — 3/14/95 — 412-439-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484080 FN