

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

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**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001523 (0)

1. Corporation Name
SERMATECH ENGINEERING GROUP, INC.



Principal Place of Business C/O TELEFLEX INC. 155 S. LIMERICK ROAD LIMERICK PA 19468	Mailing Address C/O TELEFLEX INC. 155 S. LIMERICK ROAD LIMERICK PA 19468-1803
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3. Date Incorporated or Qualified 03/26/1993	3a. Date of Last Report 03/25/1996
4. FEI Number 23-2712903	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25.	30.

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
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	CARRIKER, ROY C
STREET ADDRESS	630 WEST GERMANTOWN PIKE, SUITE 450
CITY-ST-ZIP	PLYMOUTH MEETING PA
TITLE	VS <input type="checkbox"/> DELETE
NAME	CHANCE, STEVEN K
STREET ADDRESS	630 WEST GERMANTOWN PIKE, SUITE 450
CITY-ST-ZIP	PLYMOUTH MEETING PA
TITLE	VPT <input type="checkbox"/> DELETE
NAME	ZUBER, HAROLD L
STREET ADDRESS	630 WEST GERMANTOWN PIKE, SUITE 450
CITY-ST-ZIP	PLYMOUTH MEETING PA
TITLE	G <input type="checkbox"/> DELETE
NAME	LONGIN, GEORGE
STREET ADDRESS	280 ADAMS ST
CITY-ST-ZIP	MANCHESTER CT
TITLE	AS <input type="checkbox"/> DELETE
NAME	ZEARFOSS, HERBERT K
STREET ADDRESS	155 S. LIMERICK ROAD
CITY-ST-ZIP	LIMERICK PA 19468
TITLE	D <input type="checkbox"/> DELETE
NAME	YOUNG, MICHAEL W
STREET ADDRESS	630 W GERMANTOWN PIKE
CITY-ST-ZIP	PLYMOUTH MEETING PA

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 checked="" type="checkbox"/> Addition
4.2 NAME	President
4.3 STREET ADDRESS	Frank L. Kundahl
4.4 CITY-ST-ZIP	280 Adams Street
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: *Herbert K. Zearfoss* **Herbert K. Zearfoss** 1/21/97 (610)948-5100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)