

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 # F93000001597 (4)
 1. Corporation Name
CARLISLE ENGINEERED METALS INCORPORATED



Principal Place of Business: 250 S. CLINTON ST. STE. 201 SYRACUSE NY 13202-1330 US
 Mailing Address: 250 S. CLINTON ST. STE. 201 SYRACUSE NY 13202-1330 US

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 04/01/1993
 3a. Date of Last Report: 02/21/1995
 4. FEI Number: 16-1428172
 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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-85)
 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: _____ (Signature type for principal name of registered agent and title applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PIM, ROBERT N	
STREET ADDRESS	250 S. CLINTON ST.	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HALL, DENNIS J.	
STREET ADDRESS	250 S. CLINTON ST.	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SELBACH, SCOTT C	
STREET ADDRESS	250 S. CLINTON ST.	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNN, STEPHEN P	
STREET ADDRESS	250 S. CLINTON ST.	
CITY-ST-ZIP	SYRACUSE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEVEN FORD	
3.3 STREET ADDRESS	250 S. Clinton St	
3.4 CITY-ST-ZIP	Syracuse, NY 13202	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Ryan, Jr	
5.3 STREET ADDRESS	250 S. Clinton St	
5.4 CITY-ST-ZIP	Syracuse, NY 13202	
6.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Scott Kingsley	
6.3 STREET ADDRESS	250 S. Clinton St	
6.4 CITY-ST-ZIP	Syracuse, NY 13202	

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(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]* Treasurer 8/1/96 315-477-9104
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)