

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004168 (0)
 1. Corporation Name
MANUFACTURERS SOLUTIONS, INC.



Principal Place of Business PO BOX 6108 TEMPLE TX 76503-6108	Mailing Address P O BOX 6115 TAMPLE TX 76503-6115 US
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3. Date Incorporated or Qualified 08/11/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 74-2712420	Applied For 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 4747 McLane Parkway Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 6115 Suite, Apt. #, etc.
22 City & State 23 Temple, TX 76504	27 City & State 28 Temple, TX 76503-6115
24 Zip 25	29 Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD
 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	85 Zip Code
			FL	

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	T	<input type="checkbox"/> DELETE
NAME	KOCH, KEVIN J	
STREET ADDRESS	4747 MCLANE PKWY	
CITY-ST-ZIP	TEMPLE TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSIER, WILLIAM G	
STREET ADDRESS	4747 MCLANE PKWY	
CITY-ST-ZIP	TEMPLE TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARGER, R.D.	
STREET ADDRESS	4747 MCLANE PKWY	
CITY-ST-ZIP	TAMPLE TX	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PURYEAR, MICHAEL P	
STREET ADDRESS	4747 MCLANE PKWY	
CITY-ST-ZIP	TAMPLE TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GRAVES, DONALD R	
STREET ADDRESS	4747 MCLANE PKWY	
CITY-ST-ZIP	TEMPLE TX	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MANN, CAROLINE R	
STREET ADDRESS	4747 MCLANE PKWY	
CITY-ST-ZIP	TEMPLE TX	

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	S
4.3 STREET ADDRESS	Len Mewhinney
4.4 CITY-ST-ZIP	4747 McLane Parkway Temple, TX 76504
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kevin J. Koch* **Kevin J. Koch, Treasurer** Date: **4/22/96** 817-771-7500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E034 (12/95)

Manufacturers Solutions, Inc.

FEIN: 74-2712420

State of Florida Profit Corporation Annual Report

Pg 282

Name	Title	Address
Terry McElroy	Director	4747 McLane Parkway, Temple, TX 76504

Statement 1