

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

FILED
May 09 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 # F94000004168 (0)
 1. Corporation Name
MANUFACTURERS SOLUTIONS, INC.



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

3. Date Incorporated or Qualified 08/11/1994	3a. Date of Last Report 04/30/1996
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	

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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, KEVIN J	1.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSIER, WILLIAM G	2.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGER, R.D.	3.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY	3.3 STREET ADDRESS	Temple, TX
CITY-ST-ZIP	TAMPLE TX	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEWHINNEY, LEN	4.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY	4.3 STREET ADDRESS	Temple, TX
CITY-ST-ZIP	TAMPLE TX	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS GRAVES, DONALD R	5.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT MANN, CAROLINE R	6.2 NAME	
STREET ADDRESS	4747 MCLANE PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	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: *[Signature]* **Kevin J. Koch, Treasurer 4/22/97 (817) 771-7500**

CR2E034 (9/96)