

6-20-97 B- MC  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**APPROVED  
 AND  
 FILED**

1997 JUN 20 PM 2:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

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

**DOCUMENT # F94000005623 (3)**  
 1. Corporation Name  
**BERTEK, INC.**



Principal Place of Business  
**110 LAKE STREET  
 ST. ALBANS VT 05478**

Mailing Address  
**110 LAKE STREET  
 ST. ALBANS VT 05478-2268**

3. Date Incorporated or Qualified **10/28/1994** 3a. Date of Last Report **07/17/1996**

4. FEI Number **03-0336833** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KRIVULKA, JOSEPH J	
STREET ADDRESS	110 LAKE STREET	
CITY-ST-ZIP	ST. ALBANS VT 05478	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PUSKAR, MILAN	
STREET ADDRESS	781 CHESTNUT RIDGE ROAD	
CITY-ST-ZIP	MORGANTOWN WV 26505	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DEGEORGE, FRANK	
STREET ADDRESS	781 CHESTNUT RIDGE ROAD	
CITY-ST-ZIP	MORGANTOWN WV 26505	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FUSCO, ANDREW G	
STREET ADDRESS	2400 CRANBERRY SQUARE	
CITY-ST-ZIP	MORGANTOWN WV 26505-9209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TODD, C B	
STREET ADDRESS	781 CHESTNUT RIDGE ROAD	
CITY-ST-ZIP	MORGANTOWN WV 26505	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Louis J. DeBone	
1.3 STREET ADDRESS	781 Chestnut Ridge Road	
1.4 CITY-ST-ZIP	Morgantown, WV 26505	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sharad K. Govil	
2.3 STREET ADDRESS	110 Lake Street	
2.4 CITY-ST-ZIP	St. Albans, VT 05478	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	300002220723--4	
3.3 STREET ADDRESS	-06/24/97--01004--008	
3.4 CITY-ST-ZIP	*****550.00 *****550.00	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Roger L. Foster	
4.3 STREET ADDRESS	781 Chestnut Ridge Road	
4.4 CITY-ST-ZIP	Morgantown, WV 26505	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300002220723--4	
5.3 STREET ADDRESS	-06/24/97--01004--009	
5.4 CITY-ST-ZIP	*****8.75 *****8.75	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

788  
6/20/97

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 \_\_\_\_\_ DATE 6/16/97 (802) 527-7702

CR2E034 (9/96)