

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

FILED

**Jun 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1994	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 03-0336833	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip				25. Country	
29. Country				30. Country	

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. 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 _____ DATE _____
Signature typed or printed name of registered agent and filed applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBONE, LOUIS J	1.2 NAME	
STREET ADDRESS	781 CHESTNUT RIDGE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MORGANTOWN WV 26505	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUSKAR, MILAN	2.2 NAME	
STREET ADDRESS	781 CHESTNUT RIDGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MORGANTOWN WV 26505	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGEORGE, FRANK	3.2 NAME	
STREET ADDRESS	781 CHESTNUT RIDGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MORGANTOWN WV 26505	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, ROGER L	4.2 NAME	
STREET ADDRESS	781 CHESTNUT RIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORGANTOWN WV 26505	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, C B	5.2 NAME	
STREET ADDRESS	781 CHESTNUT RIDGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MORGANTOWN WV 26505	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVIL, SHARAD K	6.2 NAME	
STREET ADDRESS	110 LAKE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. ALBANS VT 05478	6.4 CITY-ST-ZIP	

14. I 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 _____ **Sharad K. Govil** VP 5/9/98 (802) 527-7792

CR2E034 (10/97)