

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

**FILED**  
**Jun 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000004702 (5)**  
 1. Corporation Name  
**WALKER STAINLESS EQUIPMENT COMPANY, INC.**



Principal Place of Business <b>250 SOUTH CLINTON STREET SUITE 201 SYRACUSE NY 13202</b>	Mailing Address <b>250 SOUTH CLINTON STREET SUITE 201 SYRACUSE NY 13202-1296</b>
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3. Date Incorporated or Qualified <b>09/27/1995</b>	3a. Date of Last Report <b>08/12/1996</b>
4. FEI Number <b>39-1830742</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28. Country
24. Zip	29. Country
25. Country	30. Country

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City <b>FL</b> 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	P	WALKER, LYNN	<input type="checkbox"/> DELETE
STREET ADDRESS		250 SOUTH CLINTON STREET, STE 201	
CITY-ST-ZIP		SYRACUSE NY	
TITLE	VD	HALL, DENNIS J	<input type="checkbox"/> DELETE
STREET ADDRESS		250 SOUTH CLINTON STREET, STE 201	
CITY-ST-ZIP		SYRACUSE NY	
TITLE	SD	FORD, STEVEN J	<input type="checkbox"/> DELETE
STREET ADDRESS		250 SOUTH CLINTON STREET, STE 201	
CITY-ST-ZIP		SYRACUSE NY	
TITLE	T	RYAN, ROBERT JR.	<input type="checkbox"/> DELETE
STREET ADDRESS		250 S. CLINTON ST. STE 201	
CITY-ST-ZIP		SYRACUSE NY	
TITLE	AT	KINGSLEY, SCOTT A.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS		250 S. CLINTO ST., STE 201	
CITY-ST-ZIP		SYRACUSE NY	
TITLE			<input type="checkbox"/> DELETE
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Barsanti, John A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VD		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	SO		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	T		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 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: *Steven J. Ford* Steven J. Ford, Secretary 4/17/97 315-477-9108

CR2E034 (9/96)