

515-98 B-7481 -nc

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006174 (4)**  
 1. Corporation Name  
**SENSTAR FINANCE COMPANY**



Principal Place of Business <b>1 RIVERFRONT PLACE NEWPORT KY 41071</b>	Mailing Address <b>1 RIVERFRONT PLACE NEWPORT KY 41071</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/25/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>25-1709899</b>
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		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	<b>FL</b>		

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 type for printed name of registered agent and the agent's title) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, DONALD C</b>	1.2 NAME	
STREET ADDRESS	<b>1 RIVERFRONT PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWPORT KY 41071</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, RAYMOND A</b>	2.2 NAME	
STREET ADDRESS	<b>1 OXFORD CTR, 301 GRANT ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURG PA 15219-1413</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PTD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFMANN, LAWRENCE G JR</b>	3.2 NAME	
STREET ADDRESS	<b>1 OXFORD CTR, 301 GRANT ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURG PA 15219-1413</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLS, CHARLES S</b>	4.2 NAME	
STREET ADDRESS	<b>1 OXFORD CTR, 301 GRANT ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURG PA 15219-1413</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUCKER, KEITH J</b>	5.2 NAME	
STREET ADDRESS	<b>1 OXFORD CTR, 301 GRANT ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURG PA 15219-1413</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, MARK W</b>	6.2 NAME	
STREET ADDRESS	<b>1 RIVERFRONT PLACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWPORT KY 41071</b>	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 is supplemental annual report, 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, and 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 an alternate address.

**SIGNATURE:** \_\_\_\_\_ **Mark W. Bailey, Secretary** 4/28/98 606-292-7000

CR2E034 (10/97)