


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 29 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000001554 (1)
 1. Corporation Name
 MOLLENBERG-BETZ, INC.



Principal Place of Business: 300 SCOTT STREET, BUFFALO NY 14204
 Mailing Address: 300 SCOTT STREET, BUFFALO NY 14204

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: 03/26/1997

2. Principal Place of Business (21-24)
 2a. Mailing Address (26-29)

4. FEI Number: 16-0556950
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 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 (81-85)

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	POD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLENBERG, HENRY V	1.2 NAME	
STREET ADDRESS	300 SCOTT ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMARRE, JAMES P	2.2 NAME	
STREET ADDRESS	300 SCOTT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, RICHARD B	3.2 NAME	
STREET ADDRESS	1889 POST RD E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, JAMES M	4.2 NAME	
STREET ADDRESS	300 SCOTT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILJANSKI, JOSEPH	5.2 NAME	
STREET ADDRESS	300 SCOTT ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEDECKER III, ADRIAN F	6.2 NAME	
STREET ADDRESS	334 DELAWARE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	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 _____ DATE 7/21/98 (74)052-2128

CR2E034 (5/98)