


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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000005883 (0)**  
 1. Corporation Name  
**RTI TECHNOLOGIES, INC.**



Principal Place of Business <b>PO BOX 3099 YORK PA 17402</b>	Mailing Address <b>PO BOX 3099 YORK PA 17402</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>11/06/1997</b>	
21	22	26	27	4. FEI Number <b>23-2596288</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNUDSEN, HANS</b>	1.2 NAME	
STREET ADDRESS	<b>AUGUSTENBORG LANDEVEJ 19</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DK-8400 SONDERBORG, DENMARK</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STROUT, D. WAYNE</b>	2.2 NAME	
STREET ADDRESS	<b>128 CARRIAGE HILL LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>YORK PA 17402</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHOENFELD, LESTER</b>	3.2 NAME	
STREET ADDRESS	<b>4 NEW KING ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHITE PLAINS NY 10604</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VINARSKI, JAMES A</b>	4.2 NAME	
STREET ADDRESS	<b>25 S. YALE ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>YORK PA 17403</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRANDALL, THOMAS L</b>	5.2 NAME	
STREET ADDRESS	<b>855 WOODBRIDGE RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>YORK PA 17402</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEAVERSON, DENNIS M</b>	6.2 NAME	
STREET ADDRESS	<b>3915 FARM DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>YORK PA 17402</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 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: *[Signature]* VP/CFO 4/8/98 717-846-0678

CR2E034 (10/97)