


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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90076 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F97000005883
 1. Corporation Name
RTI TECHNOLOGIES, INC.

Principal Place of Business PO BOX 3099 YORK PA 17402	Mailing Address PO BOX 3099 YORK PA 17402
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

3. Date Incorporated or Qualified 11/06/1997	4. FEI Number 23-2596288	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	C <input type="checkbox"/> DELETE
NAME	KNUDSEN, HANS
STREET ADDRESS	AUGUSTENBORG LANDEVEJ 19
CITY-ST-ZIP	DK-6400 SONDERBORG, DENMARK
TITLE	DP <input type="checkbox"/> DELETE
NAME	STROUT, D. WAYNE
STREET ADDRESS	126 CARRIAGE HILL LANE
CITY-ST-ZIP	YORK PA 17402
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHOENFELD, LESTER
STREET ADDRESS	4 NEW KING ST.
CITY-ST-ZIP	WHITE PLAINS NY 10604
TITLE	V <input type="checkbox"/> DELETE
NAME	VINARSKI, JAMES A
STREET ADDRESS	25 S. YALE ST.
CITY-ST-ZIP	YORK PA 17403
TITLE	V <input type="checkbox"/> DELETE
NAME	CRANDALL, THOMAS L
STREET ADDRESS	855 WOODBRIDGE RD.
CITY-ST-ZIP	YORK PA 17402
TITLE	T <input type="checkbox"/> DELETE
NAME	BEAVERSON, DENNIS M
STREET ADDRESS	3915 FARM DR.
CITY-ST-ZIP	YORK PA 17402

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	Strout, D. Wayne
1.4 CITY-ST-ZIP	2901 SkyTop Trail
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	Vinarski, James A.
2.4 CITY-ST-ZIP	25 S. Yale St.
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V
3.3 STREET ADDRESS	Markle, James E.
3.4 CITY-ST-ZIP	1122 Hanover Rd.
4.1 TITLE	<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 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, with all other like empowered.

SIGNATURE: *Dennis M. Beaverson* VP/CEO 2/16/99 (717) 840-0678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)