

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

**FILED**  
**Jan 28 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 # P03623 (6)**

1. Corporation Name  
**CERBERUS PYROTRONICS, INC.**



Principal Place of Business <b>8 RIDGEDALE AVENUE                  CEDAR KNOLLS NJ 07927</b>	Mailing Address <b>8 RIDGEDALE AVENUE                  CEDAR KNOLLS NJ 07927</b>
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DO NOT WRITE IN THIS SPACE

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. Country	25. Zip
29. Country	30. Zip

3. Date Incorporated or Qualified <b>10/05/1984</b>	
4. FEI Number <b>04-2725969</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRIS, RICHARD</b>	
STREET ADDRESS	<b>50 E. PEARCH ST., RICHMOND HILL</b>	
CITY-ST-ZIP	<b>ONTARIO LA</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>STOVER, ROY N</b>	
STREET ADDRESS	<b>8 RIDGEDALE AVE</b>	
CITY-ST-ZIP	<b>CEDAR KNOLLS NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PFISTER, GUSTAV</b>	
STREET ADDRESS	<b>CH-8708</b>	
CITY-ST-ZIP	<b>MANNEDORF, SWIT.</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUG, LUZIUS</b>	
STREET ADDRESS	<b>CH-8708 MAENNEDORF</b>	
CITY-ST-ZIP	<b>SWITZERLAND</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOLMANN, KARL</b>	
STREET ADDRESS	<b>CH-8708 MAENNEDORF</b>	
CITY-ST-ZIP	<b>SWITZERLAND</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MATSON, RONALD C.</b>	
STREET ADDRESS	<b>8 RIDGEDALE AVE.</b>	
CITY-ST-ZIP	<b>CEDAR KNOLLS NJ</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DANIEL W. HISLIP</b>	
1.3 STREET ADDRESS	<b>8 RIDGEDALE AVE.</b>	
1.4 CITY-ST-ZIP	<b>CEDAR KNOLLS, NJ 07927</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JOHN GRAD</b>	
2.3 STREET ADDRESS	<b>1000 DEERFIELD PARKWAY</b>	
2.4 CITY-ST-ZIP	<b>BUFFALO GROVE, IL 60089-4510</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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.

SIGNATURE *Daniel W. Hislip* DANIEL W. HISLIP, SECRETARY, 1-10-98

CR2E034 (10/97)