

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

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04219 (2)

1. Corporation Name
ARDEX, INC.



Principal Place of Business 1155 STOOPS FERRY RD CORAOPOLIS PA 15108-9629 US	Mailing Address 1155 STOOPS FERRY RD CORAOPOLIS PA 15108-9920 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/03/1984	3a. Date of Last Report 03/26/1996
21	26	4. FEI Number 25-1338456	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> DELETE
NAME	GUNDLACH, DIETR	
STREET ADDRESS	POSTFACH 6120 D.5810	
CITY-ST-ZIP	WITTEN, W. GERMANY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOLLER, HERBERT	
STREET ADDRESS	630 STOOPS FERRY ROAD	
CITY-ST-ZIP	CORAOPOLIS PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEVIN, HUGH	
STREET ADDRESS	600 GRANT ST., 5TH FLOOR	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LORI, DIETSCH ANGELO	
STREET ADDRESS	630 STOOPS FERRY RD	
CITY-ST-ZIP	CORAOPOLIS P	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BILLECKE, JOAHEN	
STREET ADDRESS	FRIEDRICH-EBERT-STR.45	
CITY-ST-ZIP	WITTEN, W. GERMANY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALL, REINHARD	
STREET ADDRESS	FRIEDRICH-EBERT ST 45	
CITY-ST-ZIP	WITTEN GE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1155 STOOPS FERRY RD
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ANGELD, LORI PIETSCH
4.3 STREET ADDRESS	1155 STOOPS FERRY RD
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 do 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]* **REQUIRED** **3/27/97** **412-264-4240**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)