

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED. MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**



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

PROFIT CORPORATION
ANNUAL REPORT
1996

DOCUMENT # **P16356** (8)

TENSOLITE COMPANY



Principal Place of Business: %CARLISLE CORPORATION, 250 S. CLINTON ST., SUITE 201, SYRACUSE NY 13202, US
Mailing Address: %CARLISLE CORPORATION, 250 S. CLINTON STREET, SUITE 201, SYRACUSE NY 13202, US

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, Apt #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 10/13/1987
3a. Date of Last Report: 02/21/1995
4. FEI Number: 13-3378005
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes [X] No []

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM INC., 1201 HAYS STREET, SUITE 105, TALLAHASSEE FL 32301
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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's signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NEVILLE, TIMOTHY 100 TENSOLITE DRIVE ST. AUGUSTINE FL	1.1 TITLE: P	JOHN BERLIN 100 TENSOLITE DR. ST AUGUSTINE, FL
TITLE: AST	HALL, DENNIS J. 250 S. CLINTON ST. SYRACUSE NY	2.1 TITLE: V	
TITLE: VD	HALL, DENNIS 250 S. CLINTON ST. SYRACUSE NY	3.1 TITLE:	
TITLE: S	SELBACH, SCOTT 250 S. CLINTON ST. SYRACUSE NY	4.1 TITLE: S	STEVEN FORD 250 S. Clinton St Syracuse NY 13202
TITLE: V	HALL, DENNIS J. 250 S. CLINTON ST. SYRACUSE NY	5.1 TITLE: TV	Robert Ryan, JR 250 S. Clinton St Syracuse, NY 13202
TITLE: D	MUNN, STEPHEN P. 250 S. CLINTON ST. SYRACUSE NY	6.1 TITLE: AP	Scott Kingsley 250 S. Clinton St Syracuse, NY 13202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Treasurer 8.1.96 315.477.9104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)