


49-98 B 4373 C

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

FILED

Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16356 (8)

1. Corporation Name
TENSOLITE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business %CARUSLE 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
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3. Date Incorporated or Qualified 10/13/1987	4. FEI Number 13-3378005	Applied For <input type="checkbox"/> Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 Zip
24 Country	29 Country
25	30

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 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BERLIN, JOHN E	
STREET ADDRESS	100 TENSOLITE DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, DENNIS J.	
STREET ADDRESS	250 S. CLINTON ST.	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HALL, DENNIS	
STREET ADDRESS	250 S. CLINTON ST.	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, STEVEN	
STREET ADDRESS	250 S. CLINTO ST.	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, DENNIS J	
STREET ADDRESS	250 S. CLINTON ST.	
CITY-ST-ZIP	SYRACUSE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN E. BERLIN	
1.3 STREET ADDRESS	250 SOUTH CLINTON STREET, STE 201	
1.4 CITY-ST-ZIP	SYRACUSE, NY 13202	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DENNIS J. HALL	
2.3 STREET ADDRESS	250 SOUTH CLINTON STREET, STE 201	
2.4 CITY-ST-ZIP	SYRACUSE, NY 13202	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STEVEN J. FORD	
3.3 STREET ADDRESS	250 SOUTH CLINTON STREET, STE 201	
3.4 CITY-ST-ZIP	SYRACUSE, NY 13202	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT J. RYAN JR.	
4.3 STREET ADDRESS	250 SOUTH CLINTON STREET, STE 201	
4.4 CITY-ST-ZIP	SYRACUSE, NY 13202	
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: *X J. Ford* 4/2/98 315-477-9133

CR2E034 (10/97)