

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.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P24174 (5)
 1. Corporation Name

AHLSTROM PYROPOWER CUSTOMER SERVICES, INC.



Principal Place of Business: **8925 REHCO ROAD, P.O. BOX 85480, SAN DIEGO CA 92121-3269**
 Mailing Address: **P.O. BOX 85480, STE 565, SAN DIEGO CA 92186-5480, US**

3. Date Incorporated or Qualified: **05/04/1989**
 3a. Date of Last Report: **02/22/1995**
 4. FEI Number: **76-0271671**
 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. 193.032 Florida Statutes: Yes No

2. Principal Place of Business: **21 Suite, Apt #, etc.**
 22 City & State: **CLINTON, NJ**
 23 Zip: **08809** Country: **US**
 24 25 26 27 28 29 30

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 **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 in Block 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DGM LINCK, F.E. 18333 EGRET BAY BLVD, SUITE 270 HOUSTON TX	<input type="checkbox"/> DELETE	11 TITLE P/D HENRY B HIGHLAND PERRYVILLE CORPORATE PARK CLINTON, NJ 08809-4000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S LESTYK, JOSEPH A 8925 REHCO RD. SAN DIEGO CA	<input type="checkbox"/> DELETE	21 TITLE T DENNIS N. SENTZ PERRYVILLE CORPORATE PARK CLINTON, NJ 08809-4000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D KOHONEN, KARI 8925 REHCO ROAD SAN DIEGO CA	<input type="checkbox"/> DELETE	31 TITLE S JACK E. DEONES PERRYVILLE CORPORATE PARK CLINTON, NJ 08809-4000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P BOHLIM, RICHARD C. 8925 REHCO RD SAN DIEGO CA	<input type="checkbox"/> DELETE	41 TITLE D WILLIAM H. JONES PERRYVILLE CORPORATE PARK CLINTON, NJ 08809-4000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D PULKKINEN, TEUVO 8925 REHCO ROAD SAN DIEGO CA	<input type="checkbox"/> DELETE	51 TITLE D WES L. STEINER PERRYVILLE CORPORATE PARK CLINTON, NJ 08809-4000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MURPHY, JAMES D 8925 REHCO ROAD SAN DIEGO CA	<input type="checkbox"/> DELETE	61 TITLE AS ANTHONY SCERBO PERRYVILLE CORPORATE PARK CLINTON, NJ 08809-4000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
A. SCERBO, ASST. TREASURER

6/30/96 (908) 930-4000
 DATE TIME PHONE

CR2E034 (3/96)