

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 22403

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P27295 (5)

1. Corporation Name
MTL SYSTEMS, INC.

Principal Place of Business
**1209 ORANGE ST.
WILMINGTON DE 19801**

Mailing Address
**1209 ORANGE ST.
WILMINGTON DE 19801**

3. Date Incorporated or Qualified
12/12/1989

3a. Date of Last Report
04/26/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		31-1221052		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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 _____
Signatures, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIFE, ARNOLD L.	1.2 NAME	
STREET ADDRESS	4530 MANTO TRL.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JAMESTOWN OH	1.4 CITY - ST - ZIP	
TITLE	VAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKLAS, BILLY L.	2.2 NAME	
STREET ADDRESS	2861 S. TECUMSEH RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGFIELD OH	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAM, JOHN D.	3.2 NAME	
STREET ADDRESS	1857 AZTEC DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	XENIA OH	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEWNY, WALTER	4.2 NAME	
STREET ADDRESS	3481 DAYTON-XENIA RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTON OH	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APP, A. SUE	5.2 NAME	
STREET ADDRESS	1341 PENBROOKE TRL.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CENTERVILLE OH	5.4 CITY - ST - ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASTAIN, JAYNE M	6.2 NAME	
STREET ADDRESS	2231 BISCHOFF RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW CARLISLE OH	6.4 CITY - ST - ZIP	

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 116.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jayne M. Chastain DATE: 4/28/95 (519) 426-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR