

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P27789 (7)**

1. Corporation Name

AEG AUTOMATION SYSTEMS HOLDING COMPANY



Principal Place of Business

Mailing Address

701 TECHNOLOGY DR
CANONSBURG PA 15317
US

701 TECHNOLOGY DR
CANONSBURG PA 15317
US

3. Date Incorporated or Qualified **01/22/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

4. FEI Number **22-3011684** Applied For Not Applicable
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 No

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

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

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 checked="" type="checkbox"/> DELETE
NAME	DR. PETER GRAFONER	
STREET ADDRESS	POSTFACH 71 01 63	
CITY-ST-ZIP	D-60523 FRANKFURT GE	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PERCIVAL, ROBERT	
STREET ADDRESS	620 ADELE DR.	
CITY-ST-ZIP	N. HUNTINGDON PA.	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	WERNER VOLZ	
STREET ADDRESS	556 CENTER CHURCH RD	
CITY-ST-ZIP	MCMURRAY PA	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	BANNER, JOHN	
STREET ADDRESS	689 VALLEYVIEW RD	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TOLLINGER, PRESTON	
STREET ADDRESS	200 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wayne Huff	
1.3 STREET ADDRESS	1 Trimont Lane Unit 1200	
1.4 CITY-ST-ZIP	Pittsburgh, PA 15211	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Banner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

412 873 9421

Daytime Phone #

CR2E034 (12/95)