

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


1072

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Motham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**FILED**

97 JUL -7 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P27789 (7)**

1. Corporation Name  
**AEG AUTOMATION SYSTEMS HOLDING COMPANY**

Principal Place of Business <b>701 TECHNOLOGY DR CANONSBURG PA 15317 US</b>	Mailing Address <b>701 TECHNOLOGY DR CANONSBURG PA 15317-9587 US</b>
--	---

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>01/22/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>22-3011684</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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, 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WAYNE HUFF</b>	
STREET ADDRESS	<b>1 TRIMONT LANE UNIT 1200</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PERCIVAL, ROBERT</b>	
STREET ADDRESS	<b>620 ADELE DR.</b>	
CITY-ST-ZIP	<b>N. HUNTINGDON PA</b>	
TITLE	<b>VPCF</b>	<input type="checkbox"/> DELETE
NAME	<b>WERNER VOLZ</b>	
STREET ADDRESS	<b>556 CENTER CHURCH RD</b>	
CITY-ST-ZIP	<b>MCMURRAY PA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>BANNER, JOHN</b>	
STREET ADDRESS	<b>689 VALLEYVIEW RD</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>TOLLINGER, PRESTON</b>	
STREET ADDRESS	<b>200 PARK AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

**SEE ATTACHED**

**400002236384--6**  
**-07/11/97--01110--003**  
**\*\*\*\*165.00 \*\*\*\*165.00**

14. I do 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 *[Signature]*

CR2E034 (9/96)

20f2

## **CEGELEC**

**AEG AUTOMATION SYSTEMS HOLDING CO.  
701 TECHNOLOGY DRIVE  
CANONSBURG, PA 15317  
FEIN 22-3011684**

### **Officers:**

**President/  
Director:**

**Hans-Dieter Pfingsten  
Postfach 71 01 63  
Lyoner Strasse 9  
D-60528 Frankfurt Germany**

**Secretary/Treasurer  
Director:**

**Christl Gaiser  
AEG Corporation  
180 Mount Airy Road  
Basking Ridge, New Jersey 07920 0609  
SS# 151-48-1055**