

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

FILED  
Jun 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT #  
1. Corporation Name  
**P28339**  
**AMERACE CORPORATION**

Principal Place of Business Mailing Address  
**mailing address:**  
**1555 LYNNFIELD ROAD**  
**MEMPHIS, TN 38119**

2. Principal Place of Business 21 <b>16228 Flight Path Drive</b>	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>7-31-84</b>	3a. Date of Last Report <b>4-11-96</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>13-3240682</b>	Applied For Not Applicable
City & State 23 <b>Brooksville, FL</b>	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip 24 <b>34609</b>	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Country 29	Zip 30	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

**THE PRENTICE-HALL CORPORATION INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE, FL 32301**

10. Name and Address of New Registered Agent

81 Name **CT CORPORATION SYSTEM**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1200 SOUTH PINE ISLAND ROAD**  
83  
84 City **PLANTATION** FL 85 Zip Code **33324**

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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* **John J. Linnihan, Asst. Vice President** **04/25/97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CEO</b> <input type="checkbox"/> DELETE
NAME	<b>CLYDE R. MOORE</b>
STREET ADDRESS	<b>1555 LYNNFIELD ROAD, MEMPHIS, TN</b>
CITY-ST-ZIP	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>GREGORY M. LANGSTON</b>
STREET ADDRESS	<b>1555 LYNNFIELD ROAD, MEMPHIS, TN</b>
CITY-ST-ZIP	
TITLE	<b>VP- ELASTIMOLD DIVISION</b> <input type="checkbox"/> DELETE
NAME	<b>CHARLES ELLIS</b>
STREET ADDRESS	<b>1555 LYNNFIELD ROAD, MEMPHIS, TN</b>
CITY-ST-ZIP	
TITLE	<b>VP-FINANCE &amp; TREASURER</b> <input type="checkbox"/> DELETE
NAME	<b>FRED R. JONES</b>
STREET ADDRESS	<b>1555 LYNNFIELD ROAD, MEMPHIS, TN</b>
CITY-ST-ZIP	
TITLE	<b>VP-GENERAL COUNSEL</b> <input type="checkbox"/> DELETE
NAME	<b>JERRY KRONENBERG</b>
STREET ADDRESS	<b>1555 LYNNFIELD ROAD, MEMPHIS, TN</b>
CITY-ST-ZIP	
TITLE	<b>SECRETARY (ZIP-38119)</b> <input type="checkbox"/> DELETE
NAME	<b>JANICE H. WAY</b>
STREET ADDRESS	<b>1555 LYNNFIELD ROAD, MEMPHIS, TN</b>
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	<b>800002208138</b>
6.3 STREET ADDRESS	<b>-06/11/97--01003--020</b>
6.4 CITY-ST-ZIP	<b>***165.00</b>

*[Signature]* **6-2-97**

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]* **Janice H. Way** **5/28/97** **(901) 682-7766**

CR2E034 (9/96)