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**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P32273 (5)
1. Corporation Name
MARK IV TRANSPORTATION PRODUCTS CORP.



Principal Place of Business
**P.O. BOX 810
AMHERST NY 14226-0810
US**

Mailing Address
**C/O TAX DEPT
PO BOX 810
AMHERST NY 14226-0810
US**

3. Date Incorporated or Qualified **12/26/1990** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 **6420 W. Howard St.**
Suite, Apt. #, etc.
22
City & State
23 **Niles, IL**
Zip Country
24 **60648 USA**

2a. Mailing Address
26 **1001 Air Brake Ave**
Suite, Apt. #, etc.
27 **c/o Corp. finance**
City & State
28 **Wilmerding PA**
Zip Country
29 **15148 USA**

4. FEI Number **22-3029817** 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
**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ARRISON, CLEMENT R.	
STREET ADDRESS	501 JOHN JAMES AUDUBON	
CITY-ST-ZIP	AMHERST NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MONTAGUE, WILLIAM P.	
STREET ADDRESS	501 JOHN JAMES AUDUBON	
CITY-ST-ZIP	AMHERST NY	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LIPPES, GERALD S.	
STREET ADDRESS	501 JOHN JAMES AUDUBON	
CITY-ST-ZIP	AMHERST NY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BYRNE, JOHN J.	
STREET ADDRESS	501 JOHN JAMES AUDUBON	
CITY-ST-ZIP	AMHERST NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COOK, FREDERIC L.	
STREET ADDRESS	501 JOHN JAMES AUDUBON	
CITY-ST-ZIP	AMHERST NY	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	ALFIERO, SAL H.	
STREET ADDRESS	501 JOHN JAMES AUDUBON	
CITY-ST-ZIP	AMHERST NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Kerr	
1.3 STREET ADDRESS	10655 Henri Bourassa West	
1.4 CITY-ST-ZIP	St. Laurent, Quebec H4S1A1	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William E. Kassling	
2.3 STREET ADDRESS	1001 Air Brake Ave	
2.4 CITY-ST-ZIP	Wilmerding, PA 15148	
3.1 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert J. Brooks	
3.3 STREET ADDRESS	1001 Air Brake Ave	
3.4 CITY-ST-ZIP	Wilmerding, PA 15148	
4.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Forslund	
4.3 STREET ADDRESS	6420 W. Howard St.	
4.4 CITY-ST-ZIP	Niles, IL 60648	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Keith Nippes	
5.3 STREET ADDRESS	6420 W. Howard St.	
5.4 CITY-ST-ZIP	Niles, IL 60648	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	David L. DeNinno	
6.3 STREET ADDRESS	435 Sixth Ave	
6.4 CITY-ST-ZIP	Pittsburgh, PA 15230	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 _____ DATE **4/12/97** **417-825-1010**

CR2E034 (9/96)