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**Mar 21 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 # 178299 (4)

1. Corporation Name
HARPER MECHANICAL CORPORATION



Principal Place of Business
**375 HIGHLAND AVE
PO BOX 9002
JENKINTOWN PA 19046-2611
US**

Mailing Address
**375 HIGHLAND AVE
PO BOX 9002
JENKINTOWN PA 19046-2632
US**

3. Date Incorporated or Qualified **04/16/1954** 3a. Date of Last Report **03/20/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Subc. Apt. #, etc.	26. 4 Northshore Center	59-0711627	Not Applicable
22. City & State	27. ATTN: Tax Department	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Pittsburgh, PA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. 15212	30. Country	30. <input type="checkbox"/> Yes <input type="checkbox"/> No
25. Country	30. US	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	10. Name and Address of New Registered Agent
CRAIG MONTGOMERY 5401 BENCHMARK LANE SANFORD FL 32773	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 607.1506, 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 fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN A. KEYSER	12. NAME	Director
STREET ADDRESS	4 NORTHSHORE CENTER	13. STREET ADDRESS	24535 Hallwood Court
CITY-ST-ZIP	PITTSBURGH PA	14. CITY-ST-ZIP	Farmington Hills, MI 48335-1673
TITLE	VD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, CRAIG	22. NAME	
STREET ADDRESS	5401 BENCHMARK LANE	23. STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	24. CITY-ST-ZIP	
TITLE	ASAT	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, MARION F., III	32. NAME	
STREET ADDRESS	5401 BENCHMARK LANE	33. STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	34. CITY-ST-ZIP	
TITLE	DVP	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTORO, ALFONSE J	42. NAME	
STREET ADDRESS	1401 AVE E	43. STREET ADDRESS	
CITY-ST-ZIP	RIVERA BEACH FL	44. CITY-ST-ZIP	
TITLE	T	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLECK, JAMES L	52. NAME	
STREET ADDRESS	4 NORTHSHORE CENTER	53. STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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]* **Treasurer** **March 15, 1997 412-359-2100**
James L Fleck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)