

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 583645 (7)

1. Corporation Name
KEYSTONE LIGHTING, INC.



Principal Place of Business: **ROUTE 13 AND BEAVER ST. BRISTOL PA 19007 US**
Mailing Address: **HANSON INDUSTRIES 99 WOOD AVENUE SOUTH ISELIN NJ 08830**

3. Date Incorporated or Qualified: **08/29/1978**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **23-1327973** 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

2. Principal Place of Business: 21
22 Suite, Apt. #, etc.
23 City & State
24 Zip Country
25
26 101 Wood Avenue So.
27 Suite, Apt. #, etc.
28 **6th Floor**
29 **Iselin, New Jersey**
30 **08830 USA**

9. Name and Address of Current Registered Agent
**NEWELL, PAUL D.
201 SOUTH LAWRENCE BLVD.
THE NEWELL BUILDING
KEYSTONE HEIGHTS FL 32656**

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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of person in charge of filing this report (not the tax preparer) (Print Name of Registered Agent or person responsible for filing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, J. KIERNAN	
STREET ADDRESS	1251 DOOLITTLE DR.	
CITY-ST-ZIP	SAN LEANDRO CA	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SERGEANT, CRAIG C	
STREET ADDRESS	99 WOOD AVENUE SOUTH	
CITY-ST-ZIP	ISELIN NJ	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	MARQUART, WAYNE D.	
STREET ADDRESS	1251 DOOLITTLE DR.	
CITY-ST-ZIP	SAN LEANDRO CA	
TITLE	CAT	<input type="checkbox"/> DELETE
NAME	KEUCK, EDWARD J	
STREET ADDRESS	N. 3808 SULLIVAN	
CITY-ST-ZIP	SPOKANE WA	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	HEMPSTEAD, GEORGE H. III	
STREET ADDRESS	99 WOOD AVENUE SOUTH	
CITY-ST-ZIP	ISELIN NJ	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LUDDY, DENNIS	
STREET ADDRESS	99 WOOD AVENUE SOUTH	
CITY-ST-ZIP	ISELIN NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2. TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	George H. MacLean
23 STREET ADDRESS	101 Wood Avenue South
24 CITY-ST-ZIP	Iselin, NJ 08830
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5. TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Peter F. Reilly
53 STREET ADDRESS	101 Wood Avenue South
54 CITY-ST-ZIP	Iselin, New Jersey 08830
6. TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	John B. Edwards
63 STREET ADDRESS	101 Wood Avenue South
64 CITY-ST-ZIP	Iselin, New Jersey 08830

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 as an attachment with an address.

SIGNATURE: *John B. Edwards*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John B. Edwards, Assistant Secretary

6/14/96
Date
Phone #
(908) 767-2245

CR2E034 (12/95)