

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Worsham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 807135 (9)

1. Corporation Name
HATZEL AND BUEHLER, INC.

Principal Place of Business P.O. BOX 7499 WILMINGTON DE 19803	Mailing Address P.O. BOX 7499 WILMINGTON DE 19803
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APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
 DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/26/1946	3a. Date of Last Report 03/16/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 13-0828930	Applied For <input type="checkbox"/> Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324


81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
(Signature, typed or printed name of registered agent and the filer) (Both Registered Agent signature required when nonresident)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOELLER, MICHAEL	12 NAME	
STREET ADDRESS	3600 SILVERSIDE ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOELLER, WILLIAM	22 NAME	
STREET ADDRESS	3600 SILVERSIDE ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	24 CITY - ST - ZIP	
TITLE	VTD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JOHN	32 NAME	
STREET ADDRESS	3600 SILVERSIDE ROAD	33 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 attached, or in an attachment with an address.

SIGNATURE:  **Michael C. Goeller, Secretary** **4/28/95** **(302) 478-4200**
(Signature and typed or printed name of filing officer or director) Date (Telephone Area #)