

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Feb 08 1996 8:00 am  
Secretary of State

DOCUMENT # 809667 (9)

1. Corporation Name  
**LORAL AMERICAN BERYLLIUM CORPORATION**



Principal Place of Business: 1600 TALLEVAST ROAD, P.O. BOX 1087, TALLEVAST FL 34270-8087  
Mailing Address: 1600 TALLEVAST ROAD, P.O. BOX 1087, TALLEVAST FL 34270-8087

3. Date Incorporated or Qualified: 02/08/1954  
3a. Date of Last Report: 03/28/1995  
4. FEI Number: 59-0768810  
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

21. Principal Place of Business: 1600 Tallevast Road, Sarasota, FL 34243  
22. City & State: Sarasota, FL  
23. City & State: Tallevast, FL  
24. Zip: 34243  
25. Country: [Blank]  
26. Mailing Address: P.O. Box 1087  
27. Suite, Apt. #, etc.: [Blank]  
28. City & State: Tallevast, FL  
29. Zip: 34270  
30. Country: [Blank]

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: [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
83 [Blank]  
84 City: [Blank] FL 85 Zip Code: [Blank]

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: [Blank] (NOTE: Registered Agent signature required when re-registering) DATE: [Blank]

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	DEBLASIO, MICHAEL P.
STREET ADDRESS	600 THIRD AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	CHAPELLE, WILLIAM
STREET ADDRESS	1600 TALLEVAST RD.
CITY-ST-ZIP	TALLEVAST FL
TITLE	P <input type="checkbox"/> DELETE
NAME	ALLEN JR, GEORGE
STREET ADDRESS	1800 TALLEVAST RD
CITY-ST-ZIP	TALLEVAST FL
TITLE	ASST <input type="checkbox"/> DELETE
NAME	GOLDSTEIN, KENNETH
STREET ADDRESS	600 THIRD AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHWARTZ, BERNARD L
STREET ADDRESS	600 THIRD AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	VSD <input type="checkbox"/> DELETE
NAME	TARGOFF, MICHAEL B.
STREET ADDRESS	600 THIRD AVE
CITY-ST-ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	[Blank]
1.3 STREET ADDRESS	[Blank]
1.4 CITY-ST-ZIP	[Blank]
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	[Blank]
2.3 STREET ADDRESS	[Blank]
2.4 CITY-ST-ZIP	[Blank]
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	[Blank]
3.3 STREET ADDRESS	[Blank]
3.4 CITY-ST-ZIP	[Blank]
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	[Blank]
4.3 STREET ADDRESS	[Blank]
4.4 CITY-ST-ZIP	[Blank]
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	[Blank]
5.3 STREET ADDRESS	[Blank]
5.4 CITY-ST-ZIP	[Blank]
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	[Blank]
6.3 STREET ADDRESS	[Blank]
6.4 CITY-ST-ZIP	[Blank]

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 supplement: 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: *Bob Langenbach* 1/18/96 941 355 5105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)

# LORAL

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American Beryllium

P.O. Box 1087  
Tallevast, FL 34270  
(941) 355-5105  
FAX (941) 351-3960

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY/STATE</u>
D	LANZA, FRANK C.	600 THIRD AVENUE	NEW YORK, NY
ASST S	STEIN MCMEEKIN, LISA	600 THIRD AVENUE	NEW YORK, NY
V	THOMPSON, FERDINAND	1600 TALLEVAST RD.	TALLEVAST, FL
V	JACKSON, STEPHEN L.	600 THIRD AVENUE	NEW YORK, NY
V/T	LAPENTA, ROBERT V.	600 THIRD AVENUE	NEW YORK, NY
V	LANGENBACH, BOB	1600 TALLEVAST RD.	TALLEVAST, FL