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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:57

DOCUMENT # **814474** **(3)**

1. Corporation Name
**AMERICAN STERILIZER COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 2424 W. 23RD ST.<br>P.O.BOX 2026<br>ERIE PENNSYLVANIA 16506-2921 | 2424 W. 23RD ST.<br>P.O.BOX 2026<br>ERIE PENNSYLVANIA 16506-2921 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/08/1960**
3a. Date of Last Report: **05/20/1994**

2. Principal Place of Business (21): 
2a. Mailing Address (26): 
4. FEI Number: **25-0320960** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc (22): 
Suite, Apt. #, etc. (27): 
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23): 
City & State (28): 
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): County (25): Zip (29): County (30): 
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | VPC | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | KREGER, STEVEN F. | 12 NAME | | |
| STREET ADDRESS | 1706 STURBRIDGE DR | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | SEWICKLEY PA | 14 CITY-ST-ZIP | | |
| TITLE | D | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | DEFAZIO, FRANK | 22 NAME | | |
| STREET ADDRESS | ONE TREMONT LN APT 460D | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | PITTSBURGH PA | 24 CITY-ST-ZIP | | |
| TITLE | PCEO | 31 TITLE | President & CEO | ☒ Change ☐ Addition |
| NAME | NELSON, DAVID A. | 32 NAME | Daniel P. Barry | |
| STREET ADDRESS | 67 LONG MEADOW DR | 33 STREET ADDRESS | 106 Reichold Road | |
| CITY-ST-ZIP | PITTSBURGH PA | 34 CITY-ST-ZIP | Wexford, PA | |
| TITLE | VPF | 41 TITLE | Vice President-Human Resources | ☒ Change ☐ Addition |
| NAME | BARRY, DANIEL P | 42 NAME | William J. Riofflin | |
| STREET ADDRESS | 106 REICHOLD ROAD | 43 STREET ADDRESS | 10 Fairway Road RD #3 | |
| CITY-ST-ZIP | WEXFORD PA | 44 CITY-ST-ZIP | Sewickley, PA | |
| TITLE | VPT | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | ANKE, JOHN R. | 52 NAME | | |
| STREET ADDRESS | 1669 CLOUCESTER COURT | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | SEWICKLEY PA | 54 CITY-ST-ZIP | | |
| TITLE | AT | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | MARTONE, LAWRENCE A. | 62 NAME | | |
| STREET ADDRESS | 2817 PATIO DRIVE --DELETE-- | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | ERIE PA | 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 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:** X John R Anke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0485084 FN