

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

DOCUMENT # 814474 (3)

1. Corporation Name

AMERICAN STERILIZER COMPANY



Principal Place of Business

2424 W. 23RD ST.  
P.O. BOX 2026  
ERIE PENNSYLVANIA 16506-2921

Mailing Address

2424 W. 23RD ST.  
P.O. BOX 2026  
ERIE PENNSYLVANIA 16506-2921

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified  
06/08/1960

3a. Date of Last Report  
06/20/1995

4. FEI Number

25-0320960

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPC  
NAME KREGER, STEVEN F.  
STREET ADDRESS 1706 STURBRIDGE DR  
CITY-STATE-ZIP SEWICKLEY PA

TITLE D  
NAME DEFAZIO, FRANK  
STREET ADDRESS ONE TREMONT LN APT 460D  
CITY-STATE-ZIP PITTSBURGH PA

TITLE PCEO  
NAME BARRY, DANIEL P  
STREET ADDRESS 106 REICHOLO RD  
CITY-STATE-ZIP WEXFORD PA

TITLE RVP  
NAME RIEFLIN, WILLIAM J  
STREET ADDRESS 10 FAIRWAY RD #3  
CITY-STATE-ZIP SEWICKLEY PA

TITLE VPT  
NAME ANKE, JOHN R.  
STREET ADDRESS 1669 GLOUCESTER COURT  
CITY-STATE-ZIP SEWICKLEY PA

TITLE ~~AT~~  
NAME ~~MARTONE, LAWRENCE A.~~  
STREET ADDRESS ~~2017 PATIO DRIVE~~  
CITY-STATE-ZIP ~~ERIE PA~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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 on an attachment with an address.

SIGNATURE:

*John R Anke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/96 (412) 338-6580  
Date Daytime Phone #

CR2E034 (12/95)