

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 814474 (3)  
1. Corporation Name  
AMERICAN STERILIZER COMPANY



Principal Place of Business 2424 W. 23RD ST. P.O. BOX 2026 ERIE PENNSYLVANIA 16506-2821	Mailing Address 2424 W. 23RD ST. P.O. BOX 2026 ERIE PENNSYLVANIA 16506-2821
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/08/1960 3a. Date of Last Report 02/09/1996 4. FEI Number 25-0320960 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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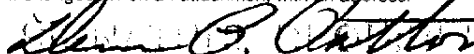
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPC KREGER, STEVEN F. 1706 STURBRIDGE DR SEWICKLEY PA	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP P Bill R. Sanford 5960 Heisley Road Mentor, OH 44060
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DEFAZIO, FRANK ONE TREMONT LN APT 460D PITTSBURGH PA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP V Michael A. Keresman, III 5960 Heisley Road Mentor, OH 44060
TITLE NAME STREET ADDRESS CITY-ST-ZIP P GILLELAND, RICHARD A 2 MCATHAM CENTER, SUITE 1100 PITTSBURGH PA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP V Gerald J. Reis 5960 Heisley Road Mentor, OH 44060
TITLE NAME STREET ADDRESS CITY-ST-ZIP RVP RIEFLIN, WILLIAM J 10 FAIRWAY RD #3 SEWICKLEY PA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP S David C. Dvorak 5960 Heisley Road Mentor, OH 44060
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPT ANKE, JOHN R. 1669 CLOUCESTER COURT SEWICKLEY PA	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP T Dennis P. Patton 5960 Heisley Road Mentor, OH 44060
TITLE NAME STREET ADDRESS CITY-ST-ZIP    	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP    

14. I do hereby certify that the information supplied with this filing 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:  Treasurer 8/6/97

CR2E034 (4/97)