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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 819504 (2)

1. Corporation Name
FKI INDUSTRIES INC.



Principal Place of Business
425 POST RD
FAIRFIELD CT 06430

Mailing Address
425 POST RD
FAIRFIELD CT 06430-0232

3. Date Incorporated or Qualified 04/12/1966
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 06-0241470		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, J RICHARD	1.2 NAME	
STREET ADDRESS	47000 LIBERTY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WIXOM MI	1.4 CITY-ST-ZIP	
TITLE	PCEO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President/Chairman (P/C) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULTON, JAMES A	2.2 NAME	R.G. Beeston
STREET ADDRESS	955 GODFREY SW	2.3 STREET ADDRESS	West House, King Cross Road
CITY-ST-ZIP	GRAND RAPIDS MI	2.4 CITY-ST-ZIP	Halifax, W. Yorkshire, HX1 1EB England
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT M.	3.2 NAME	
STREET ADDRESS	425 POST RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD CT	3.4 CITY-ST-ZIP	
TITLE	VPF <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMPSY, DIANA M.	4.2 NAME	
STREET ADDRESS	425 POST ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD CT	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOOK, ROBERT	5.2 NAME	
STREET ADDRESS	4801 SIX FORKS RD 1 SUITE 205	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Diana Dampsy REQUIRED *Diana Dampsy* 01/08/97 803-255-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)