

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 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 # **825436** (9)

1. Corporation Name

~~UNITED STATES ELEVATOR CORP.~~

THYSSEN ELEVATOR CORPORATION

Principal Place of Business

1825 GILLESPIE WAY
EL CAJON CA 92020
US

Mailing Address

1825 GILLESPIE WAY
EL CAJON CA 92020-1095
US



2. Principal Place of Business 21 1825 GILLESPIE WAY Suite, Apt. #, etc. 22 City & State 23 EL CAJON CA Zip Country 24 92020 USA		2a. Mailing Address 26 1825 GILLESPIE WAY Suite, Apt. #, etc. 27 City & State 28 EL CAJON CA Zip Country 29 92020 USA		3. Date Incorporated or Qualified 12/02/1970	3a. Date of Last Report 01/29/1996
4. FEI Number 95-2476246		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

8. 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, JOHN R.	1.2 NAME	
STREET ADDRESS	1825 GILLESPIE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	EL CAJON CA	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, FREDERICK N.	2.2 NAME	
STREET ADDRESS	1825 GILLESPIE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	EL CAJON CA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, GARRY	3.2 NAME	
STREET ADDRESS	1825 GILLESPIE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	EL CAJON CA	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, WILLIAM W.	4.2 NAME	
STREET ADDRESS	9333 BALBOA AVE.	4.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	SAN DIEGO CA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DIRECTOR
STREET ADDRESS		5.3 STREET ADDRESS	GEORG ACKER
CITY-ST-ZIP		5.4 CITY-ST-ZIP	3155 W. BIG BEAR RD.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DIRECTOR
STREET ADDRESS		6.3 STREET ADDRESS	WIGTRICH FÄRBER
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3155 W. BIG BEAR ROAD
			P.O. BOX 2601
			TRAY, MI 48007-2601

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:

SIGNATURE REQUIRED

F. N. Bowen 5/2/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)