

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **825436** (9)
1. Corporation Name
UNITED STATES ELEVATOR CORP.



Principal Place of Business 1825 GILLESPIE WAY EL CAJON CA 92020 US	Mailing Address 1825 GILLESPIE WAY EL CAJON CA 92020 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1970	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 95-2476246		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
				85 Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERGUSON, JOHN R.			1.2 NAME	JOHN BRANT P		
STREET ADDRESS	1825 GILLESPIE WAY			1.3 STREET ADDRESS	1825 GILLESPIE WAY		
CITY-ST-ZIP	EL CAJON CA			1.4 CITY-ST-ZIP	EL CAJON, CA 92020		
TITLE	C	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	FREDERICK N. BOWEN C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWEN, FREDERICK N.			2.2 NAME	1825 GILLESPIE WAY		
STREET ADDRESS	1825 GILLESPIE WAY			2.3 STREET ADDRESS	EL CAJON, CA 92020		
CITY-ST-ZIP	EL CAJON CA			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	GARY ELLIOTT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIOTT, GARRY			3.2 NAME	3155 W. BIG BEAVER ROAD		
STREET ADDRESS	1825 GILLESPIE WAY			3.3 STREET ADDRESS	TROY, MI 48007-2601		
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	ACKER, GEORG			4.2 NAME			
STREET ADDRESS	3155 W BIG BEAR RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	TROY MI			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	HERMAN POPPE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARBER, DIETRICH			5.2 NAME	3155 W. BIG BEAVER ROAD		
STREET ADDRESS	3155 W BIG BEAR ROAD			5.3 STREET ADDRESS	TROY, MI 48007-2601		
CITY-ST-ZIP	TROY MI			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 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.

CR2E034 (10/97)