

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 825939 (2)
1. Corporation Name
AIR-SHIELDS, INC. HILL-ROM AIR-SHIELDS

Principal Place of Business
330 JACKSONVILLE RD.
WARMINSTER PA 18974

Mailing Address
330 JACKSONVILLE RD.
WARMINSTER PA 18974



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/24/1971	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-0664795	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" 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	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		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 8751 W BROWARD BLVD 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	TD	1.1 TITLE	TD
NAME	O'NEILL, GERRY	1.2 NAME	LANNING, M.
STREET ADDRESS	330 JACKSONVILLE RD.	1.3 STREET ADDRESS	1069 STATE RT 46 E
CITY-ST-ZIP	HATBORO PA	1.4 CITY-ST-ZIP	BATESVILLE, IN 47006-9167
TITLE	SD	2.1 TITLE	SD
NAME	ASCHER, DAVID	2.2 NAME	LINDENMEYER, M.
STREET ADDRESS	140 E. RIDGEWOOD AVENUE	2.3 STREET ADDRESS	1069 STATE RT 46 E
CITY-ST-ZIP	PARAMUS NJ	2.4 CITY-ST-ZIP	BATESVILLE, IN 47006-9167
TITLE	V	3.1 TITLE	V
NAME	HURLEBAUS, DENNIS	3.2 NAME	SPENCER, D.
STREET ADDRESS	330 JACKSONVILLE RD	3.3 STREET ADDRESS	330 JACKSONVILLE ROAD
CITY-ST-ZIP	HATBORO PA	3.4 CITY-ST-ZIP	HATBORO, PA 19040
TITLE	V	4.1 TITLE	P
NAME	SIKAND, AMRIK	4.2 NAME	ROSEBROUGH, W.
STREET ADDRESS	330 JACKSONVILLE RD.	4.3 STREET ADDRESS	1069 STATE RT 46 E
CITY-ST-ZIP	WARMINSTER PA 18974	4.4 CITY-ST-ZIP	BATESVILLE, IN 47006-9167
TITLE	P	5.1 TITLE	Asst. Sec.
NAME	GUGNANI, HARRY	5.2 NAME	RENFROE, T.
STREET ADDRESS	330 JACKSONVILLE RD.	5.3 STREET ADDRESS	1069 STATE RT 46 E
CITY-ST-ZIP	WARMINSTER PA 18974	5.4 CITY-ST-ZIP	BATESVILLE, IN 47006-9167
TITLE		6.1 TITLE	
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

SIGNATURE: *[Signature]* 215-675 5200

CR2E034 (10/97)