FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **832914** **(6)**

1. Corporation Name

AMERICAN AIR FILTER COMPANY, INC.

Principal Place of Business

215 CENTRAL AVE.
P. O. BOX 35690
LOUISVILLE KY 40232

Mailing Address

215 CENTRAL AVE.
P. O. BOX 35690
LOUISVILLE KY 40232

3. Date Incorporated Or Qualified: **08/21/1974**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **61-0117860** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes [ ] Yes [ ] 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 **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 _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	PCEO	[ ] DELETE
NAME	HUNTER, JOSEPH B	
STREET ADDRESS	512 SHADY DELL RD	
CITY-ST-ZIP	YORK PE	
TITLE	VPCF	[ ] DELETE
NAME	CHRISTOPHER, MICHAEL J	
STREET ADDRESS	1730 CROWS NEST LANE	
CITY-ST-ZIP	YORK PE	
TITLE	AS	[ ] DELETE
NAME	KROLL, JOSEPH W.	
STREET ADDRESS	1711 GOLDEN LEAF WAY	
CITY-ST-ZIP	LOUISVILLE, KT.	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Assistant Secretary	[X] Change [ ] Addition
3.2 NAME	Reinhold, Dennis J.	
3.3 STREET ADDRESS	5209 Hempstead	
3.4 CITY-ST-ZIP	Louisville, KY 40207	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report [illegible] to be 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: DJ Reinhold — Dennis J. Reinhold 3/18/96 (502)637-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)