


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

FILED
May 13 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 # 833325 (4)					
1. Corporation Name KERR GROUP, INC.					
Principal Place of Business 500 NEW HOLLAND AVE LANCASTER PA 17602 US			Mailing Address 500 NEW HOLLAND AVE LANCASTER PA 17602 US		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-0898810	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	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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
				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 _____
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	VT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WHYNOT, GEOFFREY A			1.2 NAME	RICHARD D. HOFMANN		
STREET ADDRESS	3284 VERDANT GROVE			1.3 STREET ADDRESS	89 WEST RD.		
CITY-ST-ZIP	LANCASTER PA 17601			1.4 CITY-ST-ZIP	NEW CANAAN CT 06840		
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	LAURENCE C. CALOWELL	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, GORDON D			2.2 NAME	SVT/D		
STREET ADDRESS	829 WOODFIELD DR			2.3 STREET ADDRESS	167 DEEP VALLEY RD		
CITY-ST-ZIP	LITITZ PA 17643			2.4 CITY-ST-ZIP	NEW CANAAN CT 06840		
TITLE	CD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D Robert Saunich	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HARBERT, ELISH			3.2 NAME	GILBERT H. LAMPHIER		
STREET ADDRESS	108 WOODLAND RD			3.3 STREET ADDRESS	50 FREMONT ST. STE 3700		
CITY-ST-ZIP	PITTSBURGH PA 15232			3.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105		
TITLE	VS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KNIPPLE, LARRY R			4.2 NAME	GREGORY P. SPIVY		
STREET ADDRESS	SUSQUEHANNA FARMS, RT. 1, BOX 142J			4.3 STREET ADDRESS	50 FREMONT ST STE 3700		
CITY-ST-ZIP	WRIGHTSVILLE PA 17368			4.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105		
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DITTMAR, RICHARD H			5.2 NAME			
STREET ADDRESS	620 FIELDCREST RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	LANCASTER PA 17601			5.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REEVES, ROBERT S			6.2 NAME			
STREET ADDRESS	41 DEER FORD DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	LANCASTER PA			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 _____
4/28/98 717-390-8439

CR2E034 (10/97)