

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
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DOCUMENT # 833325 (4)

1. Corporation Name
KERR GROUP, INC.

Principal Place of Business 500 NEW HOLLAND AVE LANCASTER PA 17802 US	Mailing Address 500 NEW HOLLAND AVE LANCASTER PA 17802 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/23/1974		4. FEI Number 95-0898810		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	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
22 City & State	27 City & State	7. 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		
23 Zip Country	28 Zip Country	8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent
24 Zip Country	29 Zip Country	30		

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

9. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	WHYNOT, GEOFFREY A	
STREET ADDRESS	3284 VERDANT GROVE	
CITY-ST-ZIP	LANCASTER PA 17801	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, GORDON D	
STREET ADDRESS	829 WOODFIELD DR	
CITY-ST-ZIP	LITITZ PA 17643	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HARBERT, ELISH	
STREET ADDRESS	108 WOODLAND RD	
CITY-ST-ZIP	PITTSBURGH PA 15232	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	KNIPPLE, LARRY R	
STREET ADDRESS	SUSQUEHANNA FARMS, RT. 1, BOX 142J	
CITY-ST-ZIP	WRIGHTSVILLE PA 17368	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DITTMAR, RICHARD H	
STREET ADDRESS	820 FIELDCREST RD	
CITY-ST-ZIP	LANCASTER PA 17801	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	REEVES, ROBERT S	
STREET ADDRESS	41 DEER FORD DR.	
CITY-ST-ZIP	LANCASTER PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHARD D. HOFMANN	
1.3 STREET ADDRESS	89 WEST RD.	
1.4 CITY-ST-ZIP	NEW CANAAN CT 06840	
2.1 TITLE	LAWRENCE C. CALOWELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	W/T/D	
2.3 STREET ADDRESS	167 DEEP VALLEY RD	
2.4 CITY-ST-ZIP	NEW CANAAN CT 06840	
3.1 TITLE	D Robert Saunich	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GILBERT H. LAMPHERE	
3.3 STREET ADDRESS	50 FAIRMONT ST. STE 3700	
3.4 CITY-ST-ZIP	SAN FRANCISCO CA 94105	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GREGORY P. SPIVY	
4.3 STREET ADDRESS	50 FAIRMONT ST STE 3700	
4.4 CITY-ST-ZIP	SAN FRANCISCO CA 94105	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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]* 4/28/98 717-390-8439

CR2E034 (10/97)