

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

FILED

**May 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 836140

(4)

1. Corporation Name
ATCO RUBBER PRODUCTS, INC.



Principal Place of Business 7101 GUMM LANE FORT WORTH TX 76118-4098	Mailing Address 7101 GUMM LANE FORT WORTH TX 76118
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3. Date Incorporated or Qualified 04/08/1976	3a. Date of Last Report 05/29/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 38-1795281	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE AS	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ANDERSEN, JOHN		1.2 NAME	
STREET ADDRESS 7101 GUMM LANE		1.3 STREET ADDRESS	
CITY - ST - ZIP FORT WORTH, TX 0		1.4 CITY - ST - ZIP	
TITLE VS	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LUNDSTROM, CHARLES C		2.2 NAME	
STREET ADDRESS 900 OLD KENT BANK BLDG		2.3 STREET ADDRESS	
CITY - ST - ZIP GRAND RAPIDS, MI 0		2.4 CITY - ST - ZIP	
TITLE CT	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ANDERSON, CHARLES		3.2 NAME	
STREET ADDRESS 7101 GUMM LANE		3.3 STREET ADDRESS	
CITY - ST - ZIP FORT WORTH, TX 0		3.4 CITY - ST - ZIP	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BHATIA, RAMESH		4.2 NAME	
STREET ADDRESS 7101 GUMM LANE		4.3 STREET ADDRESS	
CITY - ST - ZIP FORT WORTH TX		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 do 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: Ramesh Bhatia **SIGNATURE REQUIRED** 5-14-97 817-595-2894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)