FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **845425** **(8)**

1. Current Name
AMERICAN MANUFACTURING COMPANY, INC.

Principal Place of Business	Mailing Address
200 SOUTHPARK RD LAFAYETTE LA 70508 US	200 SOUTHPARK RD LAFAYETTE LA 70508 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (if available): 03/07/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 7620 Cetronia Rd
22: Suite, Apt. # etc.
23: City & State: Allentown PA
24: Zip: 18106-9299 25: County: US

2a. Mailing Address
26: 7620 Cetronia Rd.
27: Suite, Apt. # etc.
28: City & State: Allentown PA
29: Zip: 18106-9299 30: County: US

4. FEI Number: 23-2122311 — 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

8. This corporation has liability for intangible tax under S. 199.032, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KELLER, FREDRICK	1.2 NAME	
STREET ADDRESS	7620 CETRONIA RD	1.3 STREET ADDRESS	
CITY ST ZIP	ALLENTOWN PA	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SWIACKEY, STEVE	2.2 NAME	
STREET ADDRESS	2090 THORTNTON ST	2.3 STREET ADDRESS	
CITY ST ZIP	FERNDALE WA	2.4 CITY ST ZIP	
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	JUODIS, WALTER	3.2 NAME	
STREET ADDRESS	200 SOUTHPARK ROAD	3.3 STREET ADDRESS	Delete
CITY ST ZIP	LAFAYETTE LA	3.4 CITY ST ZIP	
TITLE	TSV	4.1 TITLE	☐ Change ☐ Addition
NAME	IHLENFELD, ROBERT C	4.2 NAME	
STREET ADDRESS	200 SOUTH PARK ROAD	4.3 STREET ADDRESS	
CITY ST ZIP	LAFAYETTE LA	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I/We 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)(i), Florida Statutes. I/We 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 above, or on an attachment with an address.

SIGNATURE: [signature] 4/28/95 (360)384-4469
SIGNATURE AND TITLE OF CHAIRMAN OF BOARD, OFFICER OR DIRECTOR — Date — Daytime Phone #

0490390 FN