

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

<b>CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 849902</b> 1. Corporation Name			
<b>LEHIGH SAFETY SHOE CO</b> Principal Place of Business      Mailing Address			
<b>1100 E MAIN ST</b> <b>ENDICOTT NY 13760</b>		<b>1100 E MAIN ST</b> <b>ENDICOTT NY 13760</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
		<b>FL</b>	
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	
Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT, JOHNSON, KEITH D.</b>	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1100 E MAIN ST</b>	12 NAME	
STREET ADDRESS	<b>ENDICOTT, NY 13760</b>	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	<b>VICE PRESIDENT, HICKS, HARVEY W.</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1100 E MAIN ST</b>	22 NAME	
STREET ADDRESS	<b>ENDICOTT, NY 13760</b>	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	<b>SECRETARY, SMEDIRA, NICHOLAS A.</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1100 E MAIN ST</b>	32 NAME	
STREET ADDRESS	<b>ENDICOTT, NY 13760</b>	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<b>CFO, DUFF, PETER J.</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1100 E MAIN ST</b>	42 NAME	
STREET ADDRESS	<b>ENDICOTT, NY 13760</b>	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<b>DIRECTOR, MACLEAN, GEORGE</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>101 WOOD AVE S</b>	52 NAME	
STREET ADDRESS	<b>ISELIN, NJ 08830</b>	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 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: <i>Nicholas A. Smedira</i>		4-26-96 (607)757-4116	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	