


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

FILED
Jan 27 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 # **857317** (2)
1. Corporation Name
WELDED CONSTRUCTION COMPANY



Principal Place of Business 26933 ECKEL ROAD P.O. BOX 470 PERRYSBURG OH 43552	Mailing Address 26933 ECKEL ROAD P.O. BOX 470 PERRYSBURG OH 43552
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/04/1983	
4. FEI Number 38-1810693		Applied For Not Applicable		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		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			

8. 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
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	PD	1.1 TITLE	DIRECTOR
NAME	MOGG, R.H.	1.2 NAME	DJ GUNTHER
STREET ADDRESS	1663 WYANDOTTE	1.3 STREET ADDRESS	3000 POST OAK BLVD
CITY-ST-ZIP	MAUMEE OH 43537	1.4 CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	V	2.1 TITLE	JD CARRER
NAME	THORN, D.W.	2.2 NAME	DIRECTOR
STREET ADDRESS	671 OAK KNOLL	2.3 STREET ADDRESS	3000 POST OAK BLVD
CITY-ST-ZIP	PERRYSBURG OH 43551	2.4 CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	ST	3.1 TITLE	
NAME	GIRKINS, D.R.	3.2 NAME	
STREET ADDRESS	7225 REGENTS PARK	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43617	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	THELE, M.L.	4.2 NAME	
STREET ADDRESS	3000 POST OAK BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77056	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ZACCARIA, A	5.2 NAME	
STREET ADDRESS	50 BEALE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	UNRUH, V.P.	6.2 NAME	
STREET ADDRESS	50 BEALE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	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 by an attachment with an address.

SIGNATURE:

CR2E034 (10/97)