

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F29057 (9)

1. Corporation Name

ELM TRANSMISSIONS, INC.

Principal Place of Business

C/O C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

Mailing Address

C/O C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 52-1214616	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	

21. Suite, Apt. #, etc.	2a. Mailing Address
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

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

TITLE	DVS
NAME	CORKRAN, JAMES W
STREET ADDRESS	240 NEW YORK DR
CITY, ST, ZIP	FT WASHINGTON, PA 0
TITLE	DT
NAME	KELLY JR, EDWARD W
STREET ADDRESS	240 NEW YORK DR
CITY, ST, ZIP	FT WASHINGTON, PA 00000
TITLE	D
NAME	AMBROSE, MICHAEL J
STREET ADDRESS	240 NEW YORK DR
CITY, ST, ZIP	FT WASHINGTON, PA 0
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
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 110.07(3)(b), 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 recorder or auditor empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, Change, or on an attachment with an addition.

SIGNATURE:

EDWARD W KELLY, JR
TREASURER

EDWARD W KELLY, JR
TREASURER

215-643-5085