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FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000435 (9)
1. Corporation Name
LEICA INC.

Principal Place of Business P.O. BOX 123 BUFFALO NY 14240	Mailing Address P.O. BOX 123 BUFFALO NY 14240
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/24/1992	
		4. FEI Number 22-2701363		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	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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	1.1 TITLE	PR
NAME	LEE, BARBARA	1.2 NAME	HORST WEGENER
STREET ADDRESS	513 MCNICOLL AVE	1.3 STREET ADDRESS	35578 WETZLAR, GERMANY
CITY-ST-ZIP	WILLOWDALE ON	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP
NAME	GREEN, MARTIN L	2.2 NAME	HENRY SMITH
STREET ADDRESS	P O BOX 123 N/A	2.3 STREET ADDRESS	111 DEER LAKE RD
CITY-ST-ZIP	BUFFALO NY	2.4 CITY-ST-ZIP	DEERFIELD, FL 32015
TITLE	AS	3.1 TITLE	AS
NAME	BEUSCH, WERNER	3.2 NAME	GARY K. MCKNIGHT
STREET ADDRESS	3155 MEDLOCK BRIDGE RD	3.3 STREET ADDRESS	8362 WALDEN AVE
CITY-ST-ZIP	NORCROSS GA	3.4 CITY-ST-ZIP	DEPEW, NY 14043
TITLE	V	4.1 TITLE	VP
NAME	SALERNO, WALTER A	4.2 NAME	KENNETH BURKE
STREET ADDRESS	P.O. BOX 123 N/A	4.3 STREET ADDRESS	8374 WALDEN AVE
CITY-ST-ZIP	BUFFALO NY 14240	4.4 CITY-ST-ZIP	DEPEW NY 14043
TITLE	V	5.1 TITLE	
NAME	ALIX, ARTHUR J	5.2 NAME	
STREET ADDRESS	P.O. BOX 123 N/A	5.3 STREET ADDRESS	8362 WALDEN AVE
CITY-ST-ZIP	BUFFALO NY 14240	5.4 CITY-ST-ZIP	DEPEW, NY 14043
TITLE	AS	6.1 TITLE	
NAME	SEKLANY, ALBIN	6.2 NAME	
STREET ADDRESS	111 DEER LAKE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL	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 on an attachment with an address.

SIGNATURE: _____ 3-13-98

CR2E034 (10/97)