

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

FILED
Apr 09 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 # F92000000801 (2)
1. Corporation Name
FISCHER & PORTER COMPANY

Principal Place of Business 125 EAST COUNTY LINE ROAD WARMINSTER PA 18974	Mailing Address 125 EAST COUNTY LINE ROAD WARMINSTER PA 18974
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/22/1992	
4. FEI Number 23-0582516	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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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	FL

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		
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	CANNATELLI, VICENZO	
STREET ADDRESS	29801 EUCLID AVE	
CITY-ST-ZIP	WICKLIFE OH	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	WOOLBERT, GORDON	
STREET ADDRESS	29801 EUCLID AVE	
CITY-ST-ZIP	WICKLIFE OH	
TITLE	GEVP	<input type="checkbox"/> DELETE
NAME	ZAHARNA, MIKE N.	
STREET ADDRESS	29801 EUCLID AVE	
CITY-ST-ZIP	WICKLIFE OH	
TITLE	GVP	<input type="checkbox"/> DELETE
NAME	NORGARD, DAVID W.	
STREET ADDRESS	29801 EUCLID AVE	
CITY-ST-ZIP	WICKLIFE OH	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	KROLL, CATHERINE A.	
STREET ADDRESS	29801 EUCLID AVE	
CITY-ST-ZIP	WICKLIFE OH	
TITLE	TO	<input checked="" type="checkbox"/> DELETE
NAME	KUHRT, MICHELE	
STREET ADDRESS	29801 EUCLID AVE	
CITY-ST-ZIP	WICKLIFE OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Assistant Secretary
5.3 STREET ADDRESS	George W. Hawk
5.4 CITY-ST-ZIP	29801 Euclid Avenue
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wickliffe, OH 44092
6.3 STREET ADDRESS	Tax Officer
6.4 CITY-ST-ZIP	Andrew M. Haus
	29801 Euclid Avenue
	Wickliffe, OH 44092

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: *Andrew M. Haus*

3/30/98

CR2E034 (10/97)