

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90001 038 \*\*\*150.00

DOCUMENT # F92000000801

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1992

4. FEI Number

23-0582516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☐ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" 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	WICKLIFFE OH	
TITLE	GEVP	<input type="checkbox"/> DELETE
NAME	ZAHARNA, MIKE N.	
STREET ADDRESS	29801 EUCLID AVE	
CITY-ST-ZIP	WICKLIFFE OH	
TITLE	GVP	<input checked="" type="checkbox"/> DELETE
NAME	NORGARD, DAVID W.	
STREET ADDRESS	29801 EUCLID AVE	
CITY-ST-ZIP	WICKLIFFE OH	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HAWK, GEORGE W	
STREET ADDRESS	29801 EUCLID AVENUE	
CITY-ST-ZIP	WICKLIFFE OH 44092	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	HAUS, ANDREW M	
STREET ADDRESS	29801 EUCLID AVE	
CITY-ST-ZIP	WICKLIFFE OH 44092	

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	Area Controller, America <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Delumyea, Robert
4.3 STREET ADDRESS	29801 Euclid Avenue
4.4 CITY-ST-ZIP	Wickliffe, OH 44092
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Forrester, Traci
5.3 STREET ADDRESS	29801 Euclid Avenue
5.4 CITY-ST-ZIP	Wickliffe, OH 44092
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

*Andrew Haus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99  
Date

(440) 585-8199  
Daytime Phone #

CR2E034 (11/98)