

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

FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002479 (4)

1. Corporation Name

PLUESS-STAUFER INTERNATIONAL, INC.

Principal Place of Business

61 MAIN STREET  
PROCTOR VT 05765

Mailing Address

61 MAIN STREET  
PROCTOR VT 05765-1178



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/26/1993</b>		3a. Date of Last Report <b>03/05/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>13-2924842</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 607.1505, 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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORBES, JAMES S			1.2 NAME			
STREET ADDRESS	61 MAIN STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	PROCTOR VT 05765			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EISENBERG, LEONARD			2.2 NAME			
STREET ADDRESS	437 MADISON AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEINBERG, LUTZ			3.2 NAME			
STREET ADDRESS	655 WASHINGTON BOULEVARD			3.3 STREET ADDRESS	150 Purchase Street		
CITY-ST-ZIP	STAMFORD CT 06901			3.4 CITY-ST-ZIP	Rye, NY 10580		
TITLE	VPTS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITCHELL, JOHN M			4.2 NAME	Vice President & Treasurer		
STREET ADDRESS	61 MAIN STREET			4.3 STREET ADDRESS	Correction		
CITY-ST-ZIP	PROCTOR VT			4.4 CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TURNER, THOMAS G			5.2 NAME			
STREET ADDRESS	61 MAIN STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	PROCTOR VT			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 or on an attachment with an address.

SIGNATURE:

*[Signature]*

4-15-97

802-459-3311

CR2E034 (9/96)