


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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F93000002909 (0)**

1. Corporation Name

VISHAY SPRAGUE PALM BEACH, INC.



Principal Place of Business	Mailing Address
3214 25TH ST. COLUMBUS NE 68601 US	3214 25TH ST. COLUMBUS NE 68601 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1122 23rd St.		26 P.O. Box 609		06/23/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0418233	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Columbus, NE 68601		28 Columbus, NE 68601		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	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	
24	25	29	30		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	President & Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANDMAN, FELIX	1.2 NAME	
STREET ADDRESS	63 LINCOLN HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	1.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	V & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRES, WILLIAM J	2.2 NAME	
STREET ADDRESS	63 LINCOLN HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA	2.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREECE, ROBERT A	3.2 NAME	Mark B. Segall
STREET ADDRESS	63 LINCOLN HIGHWAY	3.3 STREET ADDRESS	919 Third Ave.
CITY-ST-ZIP	MALVERN PA 19355	3.4 CITY-ST-ZIP	New York, NY 10022
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDEN, AVI D	4.2 NAME	
STREET ADDRESS	63 LINCOLN HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D VP, Treasurer & Chief Fin. Off <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFSON, DONALD G	5.2 NAME	Richard N. Grubb
STREET ADDRESS	2915 23RD STREET	5.3 STREET ADDRESS	63 Lincoln Highway
CITY-ST-ZIP	COLUMBUS NE 68601	5.4 CITY-ST-ZIP	Malvern PA 19355
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMBERG, JAMES J	6.2 NAME	
STREET ADDRESS	2915 23RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS NE 68601	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.

CR2E034 (10/97)