

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000120 (5)

1. Corporation Name

BALDWIN HARDWARE SERVICE CORP.



Principal Place of Business

841 E. WYOMISSING BLVD
READING PA 19611
US

Mailing Address

21001 VAN BORN RD.
TAYLOR MI 48180
US

3. Date Incorporated or Qualified

01/10/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	DP	<input type="checkbox"/> DELETE
NAME	LYON, WAYNE B	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY - ST - ZIP	TAYLOR MI 48180	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BRIGHT, GERALD	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY - ST - ZIP	TAYLOR MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DORAN, DAVID A	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY - ST - ZIP	TAYLOR MI 48180	
TITLE	DVTS	<input type="checkbox"/> DELETE
NAME	MOSTELLER, RICHARD G	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY - ST - ZIP	TAYLOR MI	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	GARGARO, EUGEN A	
STREET ADDRESS	21001 VAN BORN RD.	
CITY - ST - ZIP	TAYLOR MI	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ARMEL, JOHN	
STREET ADDRESS	841 E. WYOMISSING BLVD.	
CITY - ST - ZIP	READING PA	

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	V AS <input checked="" 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	D V T AS <input checked="" 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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

313-274-7400

Daytime Phone #

CR2E034 (12/95)