

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

FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000000413 (4)

1. Corporation Name:  
LOTEPRO CORPORATION

Principal Place of Business  
MOUNT PLEASANT CORPORATE CENTER  
115 STEVENS AVENUE  
VALHALLA NY 10595

Mailing Address  
MOUNT PLEASANT CORPORATE CENTER  
115 STEVENS AVENUE  
VALHALLA NY 10595-1252



3. Date Incorporated or Qualified  
01/26/1994  
3a. Date of Last Report  
01/25/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-1962354		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		29 Country		30 Country	
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			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C DORNER, ARMIN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDE AG, TVT DIVISION, D-8023	1.2 NAME	
STREET ADDRESS	HOELLRIEGELSKREUTH, GERMANY	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BELLONI, DR. ALDO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDE AG, TVT DIVISION, D-8023	2.2 NAME	
STREET ADDRESS	HOELLRIEGELSKREUTH, GERMANY	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD KISTENMACHER, DR HANS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDE AG, TVT DIVISION, D-8023	3.2 NAME	Kistenmacher, Dr. Hans
STREET ADDRESS	HOELLRIEGELSKREUTH, GERMANY	3.3 STREET ADDRESS	Lotepro Corporation, 115 Stevens Ave.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Valhalla, New York 10595
TITLE	VST DURIE, WILLIAM	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDE AG, TVT DIVISION, D-8023	4.2 NAME	Durie, William
STREET ADDRESS	HOELLRIEGELSKREUTH, GERMANY	4.3 STREET ADDRESS	Lotepro Corporation 115 Stevens Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Valhalla, New York 10595
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Kaferle, John
STREET ADDRESS		5.3 STREET ADDRESS	Lotepro Corporation, 115 Stevens Ave.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Valhalla, New York 10595
TITLE		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 if changed, or on an attachment with an address.

SIGNATURE: *William M. Durie* DATE: 4/14/97 DAYTIME PHONE: (914) 747-3500

CR2E034 (9/96)