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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90005 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000584

1. Corporation Name
PRATT & WHITNEY ENGINE SERVICES, INC.



Principal Place of Business BENEDUM INDUSTRIAL PK RT 3 BOX 16 BRIDGEPORT WV 26330 US	Mailing Address BENEDUM INDUSTRIAL PK RT 3 BOX 16 BRIDGEPORT WV 26330 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	02/07/1994	55-0521794	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>		
Zip	Country	29	30	8. This corporation owes the current year Intangible Personal Property Tax.
24	25	26330		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COLPIN, JEAN	
STREET ADDRESS	ROUTE 3 BOX 16	
CITY-ST-ZIP	BRIDGEPORT WV	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GIANONIO, K	
STREET ADDRESS	ROUTE 3 BOX 16	
CITY-ST-ZIP	BRIDGEPORT WV	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ADAMS, T M	
STREET ADDRESS	RT. 3, BOX 16	
CITY-ST-ZIP	BRIDGEPORT WV 26330	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	PROCOPIO, N	
STREET ADDRESS	RT 3 BOX 16	
CITY-ST-ZIP	BRIDGEPORT WV	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PASCO, CJC	
STREET ADDRESS	RT. 3, BOX 16	
CITY-ST-ZIP	BRIDGEPORT WV 26330	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEERS, R F	
STREET ADDRESS	RT. 3, BOX 16	
CITY-ST-ZIP	BRIDGEPORT WV 26330	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gilbert Gaudette	
1.3 STREET ADDRESS	Route 3, Box 16	
1.4 CITY-ST-ZIP	Bridgeport, WV 26330	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jon Atherton	
2.3 STREET ADDRESS	Route 3, Box 16	
2.4 CITY-ST-ZIP	Bridgeport, WV 26330	
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		<input 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		<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: Nicholas D. Procopio Mar 23, 1999 304/842-1314
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Treasurer Daytime Phone #

CP2024-1108