

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

**FILED**  
**Mar 31 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000000805 (1)**  
 1. Corporation Name  
**WOODCRAFT SUPPLY CORP.**

Principal Place of Business <b>P.O. BOX 1646 PARKERSBURG WV 26102</b>	Mailing Address <b>P.O. BOX 1646 PARKERSBURG WV 26102</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

<b>3.</b> Date Incorporated or Qualified <b>02/17/1994</b>	
<b>4.</b> FEI Number <b>55-0643907</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1506, 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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KATCHUR, BRYAN J</b>	
STREET ADDRESS	<b>5300 BRISCOE RD.</b>	
CITY-ST-ZIP	<b>PARKERSBURG WV</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSS, SAMUEL B II</b>	
STREET ADDRESS	<b>5300 BRISCOE RD.</b>	
CITY-ST-ZIP	<b>PARKERSBURG WV</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, DONNA M</b>	
STREET ADDRESS	<b>5300 BRISCOE RD.</b>	
CITY-ST-ZIP	<b>PARKERSBURG WV 26101</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GERRARD, LARRY J</b>	
STREET ADDRESS	<b>5300 BRISCOE RD.</b>	
CITY-ST-ZIP	<b>PARKERSBURG WV 26101</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SUTTON, JAMES</b>	
STREET ADDRESS	<b>6402 SOUTH TROY CIRCLE</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<i>See attached list of directors</i>	
STREET ADDRESS		
CITY-ST-ZIP		

**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	<input 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	<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.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)

UBI # 60118426

**SBR, INC.**  
*Board of Directors*

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1. **Sam Ross**  
4600 River Road  
Vienna, WV 26105  
(304)295-8042 (H)
2. **Susan Ross**  
4600 River Road  
Vienna, WV 26105  
(304)295-8042 (H)  
(304)295-0259 (H)
3. **Robert M. Rector**  
2220 Marina Drive  
Naples, FL 34102
4. **Jim Sutton**  
Ameribank  
6402 S. Troy Circle  
Englewood, CO 80111  
(303)779-5050  
(304)436-3151 (WV)
5. **Jan Monroe**  
ICS Learning Systems  
6402 South Troy Circle  
Englewood, CO 80111-6424  
(800)272-7277  
(303)799-0099
6. **William E. Hamb**  
Hamb & Poffenbarger  
515 Bank One Center  
Charleston, WV 25301  
(304)343-4128 (O)  
(304)343-8506 (H)
7. **John A. Staley, IV**  
Staley Capital Advisers, Inc  
One Oxford Centre, Suite 3950  
Pittsburgh, PA 15219  
(412)261-6888 (O)  
(412)363-3083 (H)  
(412)363-7989 (H) - Private
8. **George W. Broughton**  
210 N. 7th Street  
Marietta, OH 45750  
(614)373-4121 (O)  
(614)374-2208 (H)
9. **Leonard Harvey**  
P.O. Box 5516  
402 - 51st Street  
Vienna, WV 26105  
(304)285-7415 (H)  
(941)263-9425 - Florida
10. **Stuart J. Yarbrough**  
Anchor Financial Group  
2445 M Street, NW - Suite 490  
Washington, DC 20037  
(202)663-6705 (O)  
(703)519-9611 (H)