FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:34

DOCUMENT # **F94000001697 (1)**

1. Corporation Name

THE AUSTRO MOLD GROUP OF MAGNETIC TECHNOLOGIES C ORPORATION

Principal Place of Business	Mailing Address
770 LINDEN AVENUE ROCHESTER NY 14625	770 LINDEN AVENUE ROCHESTER NY 14625

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/04/1994** | 3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: **16-0961159** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 / 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FINCKE, GERALD B ESQUIRE 2401 EAST GRAVES AVENUE SUITE 24 ORANGE CITY FL 32763	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCNEIL, GORDON H	12 NAME	
STREET ADDRESS	770 LINDEN AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14625	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	VANGELLOW, JOHN S	22 NAME	
STREET ADDRESS	1825 COX ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	HONEOYE FALLS NY 14472	24 CITY-ST-ZIP	Delete
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WEISE, SUSAN M	32 NAME	
STREET ADDRESS	770 LINDEN AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14625	34 CITY-ST-ZIP	
TITLE	TCD	41 TITLE	☐ Change ☐ Addition
NAME	DIAMOND, ISADORE	42 NAME	
STREET ADDRESS	770 LINDEN AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14625	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BIEMILLER, JOHN B	52 NAME	
STREET ADDRESS	192 MILL STREET	53 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14614	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CLARK, G T	62 NAME	
STREET ADDRESS	360 BONNIE BRAE AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14618	64 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)(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: Gerald B McNeil
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0478054 FP