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Jan 22 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 # F94000002200 (3)

1. Corporation Name
GEORGE H. FRIEDLANDER COMPANY



Principal Place of Business: PO BOX 2466 CHARLESTON WV 25329
Mailing Address: PO BOX 2466 CHARLESTON WV 25329-2466

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report: 01/23/1996
4. FEI Number: 55-0520126
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: FRIEDLANDER, GEORGE H, 34 FIELDWAY DRIVE, STUART FL 34996-6621
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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 | PD | 1.1 TITLE | |
| NAME | STANCHINA, ANTHONY L | 1.2 NAME | |
| STREET ADDRESS | 2023 HUBER ROAD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHARLESTON WV | 1.4 CITY - ST - ZIP | |
| TITLE | DV | 2.1 TITLE | |
| NAME | THOMAS, C D | 2.2 NAME | |
| STREET ADDRESS | 48 CEDAR DRIVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | HURRICANE WV 25526 | 2.4 CITY - ST - ZIP | |
| TITLE | STDV | 3.1 TITLE | |
| NAME | HIGGINBOTHAM, RICHARD L | 3.2 NAME | |
| STREET ADDRESS | 30 SHERWOOD CIRCLE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | HURRICANE WV | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| 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: *Richard L. Higginbotham* (Richard L. Higginbotham) 1/13/97 304-367-4520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)