

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

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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004813 (1)

1. Corporation Name
EMCO INDUSTRIES, INC.



Principal Place of Business 14740 W 10ST TERR LENEXA KS 66215 US	Mailing Address 14740 W 10 TERR LENEXA KS 66215 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/16/1994	3a. Date of Last Report 06/18/1996
4. FEI Number 48-1140267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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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
	FL

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	PCDT <input checked="" type="checkbox"/> DELETE	11 TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, DON H	12 NAME	Lars-Arne Lundholm
STREET ADDRESS	14740 W 101 ST TERR	13 STREET ADDRESS	1711 I Avenue
CITY-ST-ZIP	LENEXA KS	14 CITY-ST-ZIP	New Castle, IN 47362
TITLE	S <input checked="" type="checkbox"/> DELETE	21 TITLE	Secretary, Treasurer, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ANITA	22 NAME	Michael L. Baker
STREET ADDRESS	14740 W 101ST TERR	23 STREET ADDRESS	1711 I Avenue
CITY-ST-ZIP	LENEXA KS	24 CITY-ST-ZIP	New Castle, IN 47362
TITLE	V <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, ROBERT J	32 NAME	
STREET ADDRESS	14740 W 101ST TERR	33 STREET ADDRESS	
CITY-ST-ZIP	LENEXA KS	34 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTER, C T	42 NAME	
STREET ADDRESS	14740 W 101ST TERR	43 STREET ADDRESS	
CITY-ST-ZIP	LENEXA KS	44 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, DAVID W	52 NAME	
STREET ADDRESS	14740 W 101ST TERR	53 STREET ADDRESS	
CITY-ST-ZIP	LENEXA KS	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Michael L. Baker 3/25/97 (317) 529-1450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0627071

CR2E034 (9/96)