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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000005505 (2)

1. Corporation Name

PS OF VOLANT, INC.

Principal Place of Business

P.O. BOX 98
VOLANT PA 16156

Mailing Address

P.O. BOX 98
VOLANT PA 16156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1994

4. FEI Number

52-1891609

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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

Signature typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reappointing)

3-31-98

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

P
MARETT, JOHN
PO BOX 98
VOLANT PA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

V
TRAWEK, JAMES
PO BOX 98
VOLANT PA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

S
MARETT, CRAIG
PO BOX 98
VOLANT PA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

Y
CUNNINGHAM, WALLACE
PO BOX 98
VOLANT PA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

Change

Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

Change

Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

Change

Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

Change

Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

Change

Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

Change

Addition

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

Signature typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reappointing)

3-31-98

DATE

CR2E034 (10/97)