

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

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Mar 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000006629 (9)**

1. Corporation Name

**II-VI VIRGO INCORPORATED**



Principal Place of Business <b>6736 COMMERCE AVENUE PORT RICHEY FL 34668 US</b>	Mailing Address <b>375 SAXONBURG BLVD. SAXONBURG PA 16056-9430</b>
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3. Date Incorporated or Qualified <b>12/28/1994</b>	3a. Date of Last Report <b>05/20/1996</b>
4. FEI Number <b>25-1753284</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>SACONE, STEVE 6736 COMMERCE AVE. PT RICHEY FL 34668</b>	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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	<b>PD</b>	1.1 TITLE	<b>V/D</b>
NAME	<b>KRAMER, FRANCIS J</b>	1.2 NAME	
STREET ADDRESS	<b>10491 ALLANTE CT.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GIBSONIA PA 15044</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<b>S/T/D</b>
NAME	<b>MARTINELLI, JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>104 BOWIE LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALENCIA PA 18059</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<b>P</b>
NAME		3.2 NAME	<b>Steve Sacone</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>6736 Commerce Ave.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Pt. Richey, FL 34668</b>
TITLE		4.1 TITLE	<b>AS</b>
NAME		4.2 NAME	<b>Robert D. German, Esquire</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>35th Fl. One Oliver Plaza</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Pittsburgh, PA 15222</b>
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: **II-VI VIRGO INCORPORATED BY:** *Steve Sacone* **9/24/97** (813) 848-2879  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Steve Sacone, President**

CR2E034 (9/96)