

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

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002364 (6)**

1. Corporation Name

THE MAGERKO CORPORATION

Principal Place of Business

**4121 WASHINGTON ROAD
MCMURRAY PA 15317**

Mailing Address

**CORP. TAX DEPT.
P.O. BOX 8484
EIGHTY FOUR PA 15384-8484**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/15/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		25-1043730	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

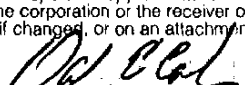
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	
NAME	HARDY, JOSEPH A III	1.2 NAME	
STREET ADDRESS	4121 WASHINGTON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCMURRAY PA 15317	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	MAGERKO, MARGARET H	2.2 NAME	
STREET ADDRESS	4121 WASHINGTON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MCMURRAY PA 15317	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	
NAME	BOMAR, CHERI B	3.2 NAME	
STREET ADDRESS	4121 WASHINGTON ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCMURRAY PA 15317	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	CARLSEN, DAVID	4.2 NAME	
STREET ADDRESS	4121 WASHINGTON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MCMURRAY PA 15317	4.4 CITY-ST-ZIP	
TITLE	AV	5.1 TITLE	
NAME	HACKMAN, ROBERT F	5.2 NAME	
STREET ADDRESS	4121 WASHINGTON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MCMURRAY PA 15317	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 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:



David F. Carlson

3/18/98 724 328-8820

CR2E034 (10/97)