

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

FILED
Mar 18 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 # **F95000003377 (7)**

1. Corporation Name
UTI CORPORATION

Principal Place of Business
**200 W 7TH AVE
COLLEGEVILLE PA 19426**

Mailing Address
**200 W 7TH AVE
COLLEGEVILLE PA 19426**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-1721795	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T 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

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	DCI	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAINWARING, A. BRUCE	1.2 NAME	
STREET ADDRESS	200 W 7TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEGEVILLE PA 19426	1.4 CITY-ST-ZIP	
TITLE	DPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTERSLEY, GORDON B	2.2 NAME	
STREET ADDRESS	200 W 7TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEGEVILLE PA 19426	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKER, J. BROOKE	3.2 NAME	
STREET ADDRESS	60 E PENN ST, PO BOX 150	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORRISTOWN PA 19404	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERHOOG, CORNELIUS	4.2 NAME	
STREET ADDRESS	200 W 7TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEGEVILLE PA 19426	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Cornelius Verhoog
CORNELIUS VERHOOG 3/10/98 610-489-0300

CR2E034 (10/97)