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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

DOCUMENT # F96000000269 (8)

1. Corporation Name:
ASHTON-POTTER (USA) LTD. INCORPORATED

Principal Place of Business
10 CURTWRIGHT DRIVE
WILLIAMSVILLE NY 14221

Mailing Address
10 CURTWRIGHT DRIVE
WILLIAMSVILLE NY 14221-7072



3. Date Incorporated or Qualified 01/17/1996	3a. Date of Last Report
4. FEI Number 16-1444149	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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

DAVIDSON, THOMAS N
29 CARDINAL LANE
KEY LARGO FL 33037

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADAL, MILES S	12 NAME	
STREET ADDRESS	45 HAZELTON AVENUE, TORONTO, ONTARIO	13 STREET ADDRESS	
CITY-ST-ZIP	CANADA M5R 2E3	14 CITY-ST-ZIP	
TITLE	SEV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, W J	22 NAME	
STREET ADDRESS	45 HAZELTON AVENUE, TORONTO, ONTARIO	23 STREET ADDRESS	
CITY-ST-ZIP	CANADA M5R 2E3	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, PETER M	32 NAME	
STREET ADDRESS	45 HAZELTON AVENUE, TORONTO, ONTARIO	33 STREET ADDRESS	
CITY-ST-ZIP	CANADA M5R 2E3	34 CITY-ST-ZIP	
TITLE	VGM	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWITZER, BARRY R	42 NAME	
STREET ADDRESS	10 CURTWRIGHT DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSVILLE NY 14221	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, THOMAS N	52 NAME	
STREET ADDRESS	29 CARDINAL LANE	53 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	54 CITY-ST-ZIP	
TITLE		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:

Thomas N. Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97
Date

716-
633-2000
Daytime Phone #

00000000

CR2E034 (9/96)