

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

FILED  
Feb 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000002338 (8)**

1. Corporation Name  
**CARMEUSE PENNSYLVANIA, INC.**



Principal Place of Business <b>390 E. JOE ORR RD CHICAGO HEIGHTS IL 60411-0488</b>	Mailing Address <b>390 E. JOE ORR RD CHICAGO HEIGHTS IL 60411-0488</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 Route 422 &amp; Clear Spring Rd.</b>		2a. Mailing Address <b>26 Rd.</b>		3. Date Incorporated or Qualified <b>05/02/1997</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>36-4119340</b>	
City & State <b>23 Annville, PA</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 17003</b>		Country <b>25 U.S.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>29</b>		Country <b>30</b>		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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

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	<b>C</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>C/D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GERMAY, JACQUES</b>			1.2 NAME			
STREET ADDRESS	<b>390 E. JOE ORR RD</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CHICAGO HEIGHTS IL 60411-0488</b>			1.4 CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BROWN, WILLIAM S III</b>			2.2 NAME			
STREET ADDRESS	<b>390 E. JOE ORR RD</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CHICAGO HEIGHTS IL 60411-0488</b>			2.4 CITY-ST-ZIP			
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>D/V/T</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DELVIGNE, ALAIN</b>			3.2 NAME			
STREET ADDRESS	<b>390 E. JOE ORR RD</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CHICAGO HEIGHTS IL 60411-0488</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>D/V</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>COLLINET, YVES</b>			4.2 NAME			
STREET ADDRESS	<b>13A, RUE DU CHATEAU</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SEILLES, B-5300 BELGIUM</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<b>D/V</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WILLEMS, YVES</b>			5.2 NAME			
STREET ADDRESS	<b>13A, RUE DU CHATEAU</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SEILLES, B-5300 BELGIUM</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<b>D/V/S</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>CHAPMAN, IAN</b>			6.2 NAME	<b>Suzanne Ritzler</b>		
STREET ADDRESS	<b>390 E. JOE ORR RD</b>			6.3 STREET ADDRESS	<b>390 E. Joe Orr Road</b>		
CITY-ST-ZIP	<b>CHICAGO HEIGHTS IL 60411-0488</b>			6.4 CITY-ST-ZIP	<b>Chicago Heights, IL 60411-0488</b>		

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-

*Suzanne Ritzler*

Suzanne Ritzler

708-757-1240

CR2E034 (10/97)