

FILED

Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Jun 25 1998 8:00 Secretary of State	
DOCUMENT # F97000002400 1. Corporation Name CROWN SIMPLIMATIC INCORPORATED				DO NOT WRITE IN THIS SPACE	
Principal Place of Business 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502		Mailing Address 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502		3. Date Incorporated or Qualified 4/28/97	
2. Principal Place of Business 21 1320 WARDS FERRY ROAD Suite, Apt. #, etc. 22 City & State 23 LYNCHBURG, VA Zip 24 24502		2a. Mailing Address 25 1320 WARDS FERRY ROAD Suite, Apt. #, etc. 27 City & State 28 LYNCHBURG, VA Zip 29 24502		4. FEI Number 54-1848397 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
81 Name CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET 83 T 84 City TALLAHASSEE FL 86 Zip Code 32301					
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 NAME STREET ADDRESS CITY - ST - ZIP CO-PRES/MANAGING DIR B. DOUGLAS GOODELL 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP CO-PRES/MANAGING DIR JAMES PARKER 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP CO-PRES/MANAGING DIR JERRY EAST 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP/ASST SEC/DIR JOHN F. KIRBY 127 PUBLIC SQUARE, 4TH FL CLEVELAND, OH 44114			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP/SEC/TREAS/DIR SEAN P. WARD 127 PUBLIC SQUARE, 4TH FL CLEVELAND, OH 44114			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP DIRECTOR MARK HARTMAN 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP Change Addition		
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: 5-1-98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 804-582-1200					

CR2E034 (10/97)