

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 23, 1999 8:00 am**  
**Secretary of State**

09-23-1999 90007 007 \*\*\*550.00

0116922

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004136**

1. Corporation Name

**COOKSON-MATTHEY CERAMICS, INC.**  
**JOHNSON**

(see attached Certificate of Amendment)



Principal Place of Business <b>498 ACORN LANE DOWNTOWN PA 19335</b>	Mailing Address <b>498 ACORN LANE DOWNTOWN PA 19335</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/01/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**23-2766245**

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 the current year Intangible Personal Property.

Yes  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

**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

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>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TRIFILETTI, A.J.</b>	
STREET ADDRESS	<b>460 E. SWEDSFORD ROAD</b>	
CITY-ST-ZIP	<b>WAYNE PA 19087</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOOD, C</b>	
STREET ADDRESS	<b>UTTOXETER RD MEIR STOKE ON TRENT</b>	
CITY-ST-ZIP	<b>ENGLAND</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SPATOLA, A</b>	
STREET ADDRESS	<b>489 ACORN LANE</b>	
CITY-ST-ZIP	<b>DOWNTOWN PA</b>	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>498 Acorn Lane</b>
3.4 CITY-ST-ZIP	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PARKES, R E</b>	
STREET ADDRESS	<b>489 ACORN LANE</b>	
CITY-ST-ZIP	<b>DOWNTOWN PA</b>	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>498 Acorn Lane</b>
4.4 CITY-ST-ZIP	

TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANKS, G</b>	
STREET ADDRESS	<b>3333 CANAL STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>TALLEY, R.M.</b>	
STREET ADDRESS	<b>460 E. SWEDSFORD ROAD</b>	
CITY-ST-ZIP	<b>WAYNE PA 19087</b>	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/10/99**  
 Date

**610-873-3237**  
 Daytime Phone #

CR2E034 (5/99)