

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90005 039 ***150.00

DOCUMENT # F97000004136

1. Entity Name

JOHNSON MATTHEY CERAMICS, INC.

Principal Place of Business

Mailing Address

498 ACORN LANE
 DOWNINGTOWN PA 19335

498 ACORN LANE
 DOWNINGTOWN PA 19335-3075

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2766245

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRIFILETTI, A.J.	
STREET ADDRESS	460 E. SWEDESFORD ROAD	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOD, C	
STREET ADDRESS	498 ACORN LANE	
CITY-ST-ZIP	DOWNINGTOWN PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPATOLA, A	
STREET ADDRESS	498 ACORN LANE	
CITY-ST-ZIP	DOWNINGTOWN PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARKES, R E	
STREET ADDRESS	489 ACORN LANE	
CITY-ST-ZIP	DOWNINGTOWN PA	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	FRANKS, G	
STREET ADDRESS	3333 CANAL STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	TALLEY, R.M.	
STREET ADDRESS	460 E. SWEDESFORD ROAD	
CITY-ST-ZIP	WAYNE PA 19087	

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ravent, E.	
STREET ADDRESS	400 E. Swedesford Rd.	
CITY-ST-ZIP	Wayne, PA 19087	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst. Treasurer.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frentz, K. B.	
STREET ADDRESS	400 E. Swedesford Rd.	
CITY-ST-ZIP	Wayne, PA 19087	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/00