

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**  
**Aug 04, 1999 8:00 am**  
**Secretary of State**

08-04-1999 90006 023 \*\*\*550.00

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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 # F98000003030** ✓  
 1. Corporation Name  
**COCHRANE INC.**

Principal Place of Business 800 THIRD AVE. KING OF PRUSSIA PA 19406	Mailing Address 800 THIRD AVE. KING OF PRUSSIA PA 19406
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>05/28/1998</b>	
4. FEI Number <b>23-2865780</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code

**FL**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BALDETTI, PAUL		1.2 NAME	
STREET ADDRESS CRANE VALVES, 3201 WALNUT AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP LONG BEACH CA 90807		1.4 CITY-ST-ZIP	
TITLE DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLEMING, HU		2.2 NAME	DP LAROCCO, JOHN
STREET ADDRESS 800 THIRD AVE.		2.3 STREET ADDRESS	800 THIRD AVE.
CITY-ST-ZIP KING OF PRUSSIA PA 19406		2.4 CITY-ST-ZIP	KING OF PRUSSIA, PA 19406
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRASIEWICH, D.		3.2 NAME	D KUBALIC, JAMES
STREET ADDRESS 800 THIRD AVE.		3.3 STREET ADDRESS	800 THIRD AVE.
CITY-ST-ZIP KING OF PRUSSIA PA 19406		3.4 CITY-ST-ZIP	KING OF PRUSSIA, PA 19406
TITLE AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UNGERLAND, T.J.		4.2 NAME	
STREET ADDRESS 100 FIRST STAMFORD PL.		4.3 STREET ADDRESS	
CITY-ST-ZIP STAMFORD CT 06902		4.4 CITY-ST-ZIP	
TITLE AT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DICKOFF, G.A.		5.2 NAME	
STREET ADDRESS 100 FIRST STAMFORD PL.		5.3 STREET ADDRESS	
CITY-ST-ZIP STAMFORD CT 06902		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: J. Kubalic REO: B. KUBALIC Date: 7/21/99 Daytime Phone #: 610-265-5050

CR2E034 (5/99)