

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H90526** (5)  
1. Corporation Name  
**ADVANCED SEPARATION TECHNOLOGIES INCORPORATED**



Principal Place of Business <b>5315 GREAT OAK DRIVE LAKELAND FL 33801-3180 US</b>	Mailing Address <b>P.O. BOX 717 PITTSBURG PA 15230-0717 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>12/18/1985</b>	
24		29		4. FEI Number <b>59-2638277</b>	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
27		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FRY, PAULINE M. ONE PROGRESS PLAZA SUITE 2600 ST. PETERSBURG FL 33701</b>		10. Name and Address of New Registered Agent 81 Name <b>CT CORPORATION SYSTEM</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b> 83 84 City <b>PLANTATION, FLORIDA</b> FL 85 Zip Code <b>33324</b>	
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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 **Barbara A Burke** **BARBARA A. BURKE** **SPECIAL ASSISTANT SECRETARY** **42398**  
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 checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, COLVIN</b>	12 NAME	
STREET ADDRESS	<b>RD #8 SCAFFE ROAD</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>SWICKLEY PA</b>	14 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYANT, DUDLEY E</b>	2.2 NAME	
STREET ADDRESS	<b>5315 GREAT OAK DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISCHETTE, JOSEPH A</b>	3.2 NAME	
STREET ADDRESS	<b>1524 ASHBURY LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POTTSBURGH PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAC CRUM, JOHN M</b>	4.2 NAME	
STREET ADDRESS	<b>272 BABCOCK BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GIBSONIA PA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>RONALD J. RILEY</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>5315 GREAT OAK DRIVE</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>GORDON J. ROSSITER</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>5315 GREAT OAK DRIVE</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: **John M MacCrum** **3/18/98** **412-787-6700**

CR2E034 (10/97)