

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J58861 (2)
1. Corporation Name
JOHNSON MATTHEY ELECTRONIC ASSEMBLY SERVICES, INC.

Principal Place of Business 7100 TECHNOLOGY DR. W. MELBOURNE FL 32904	Mailing Address 7100 TECHNOLOGY DR. W. MELBOURNE FL 32904
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1987	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2811039		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29		30	
7. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

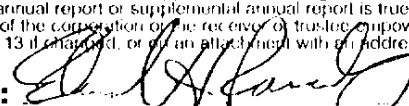
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P WILD, G.	1.1 TITLE	President
NAME	EAST 15128 EUCLID AVENUE	1.2 NAME	M.J. Cleare
STREET ADDRESS	SPOKANE WA 99216	1.3 STREET ADDRESS	456 Devon Park Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Wayne, PA 19087
TITLE	VP	2.1 TITLE	
NAME	RAVERT, EDWARD H. JR.	2.2 NAME	
STREET ADDRESS	480 E. SWEDESFORD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	Asst. Secretary
NAME	MILLER, D.	3.2 NAME	David Lieser
STREET ADDRESS	480 E. SWEDESFORD ROAD	3.3 STREET ADDRESS	6442 City West Parkway, Ste. 400
CITY-ST-ZIP	WAYNE PA 19087	3.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 attached sheet with an address.

SIGNATURE:  E.H. Ravert
Vice President 3/5/98 6y10-971-3000

CR2E034 (10/97)