

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

FILED  
Jul 10 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 # K54865 (6)  
1. Corporation Name  
CURTIN & PEASE/PENECO, INC.

Principal Place of Business 1022 MAIN STREET, SUITE A P.O. DRAWER 1588 DUNEDIN FL 34698	Mailing Address 1022 MAIN STREET, SUITE A P.O. DRAWER 1588 DUNEDIN FL 34698
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/30/1988		4. FEI Number 36-3623544		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. 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		8.75 Additional Fee Required		5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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			
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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

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	PD	NAME	WILSON, ROBERT F.	1.1 TITLE	Executive VP	1.2 NAME	Chewcaskie, Stephen
STREET ADDRESS	1022 MAIN ST., SUITE A	CITY-ST-ZIP	DUNEDIN FL	1.3 STREET ADDRESS	1022 Main St, Suite A	1.4 CITY-ST-ZIP	Dunedin FL 34698
TITLE	VSD	NAME	VICE, PRESTON L.	2.1 TITLE	Director, Chairman	2.2 NAME	Kemp, Thomas L.
STREET ADDRESS	1100 SUPERIOR AVENUE	CITY-ST-ZIP	CLEVELAND OH	2.3 STREET ADDRESS	1100 Superior Av	2.4 CITY-ST-ZIP	Cleveland, OH 44114
TITLE	VD	NAME	RAMELLA, DANIEL	3.1 TITLE		3.2 NAME	
STREET ADDRESS	1100 SUPERIOR AVE	CITY-ST-ZIP	CLEVELAND OH	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	VTD	NAME	GAUVREAU, PAUL R.	4.1 TITLE		4.2 NAME	
STREET ADDRESS	200 SOUTH WACKER DRIVE, SUITE 700	CITY-ST-ZIP	CHICAGO IL	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	S	NAME	PERRY, PAMELA E.	5.1 TITLE		5.2 NAME	
STREET ADDRESS	1022 MAIN ST., SUITE A	CITY-ST-ZIP	DUNEDIN FL	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE	S	NAME	ZERMUEHLEN, WILLIAM	6.1 TITLE		6.2 NAME	
STREET ADDRESS	200 S WACKER DR, SUITE 700	CITY-ST-ZIP	CHICAGO IL	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 *Robert F. Wilson*

1/12/98 812/231-3111

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