

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

FILED  
Jun 08 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L02255</b> 1. Corporation Name Batch-Air, Inc.			
Principal Place of Business NONE		Mailing Address P.O. box 2216 Schenectady, NY 12301-2216	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		26 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent STAGG, DARD 4590 NW 36TH ST. BLDG. 23 MIAMI, FL 33122		10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SP PINE ISLAND RD. 83 84 City PLANTATION FL 85 Zip Code 33324	
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 607.0502. SIGNATURE <i>Barbara A. Burke</i> SPECIAL ASSISTANT SECRETARY 5-28-98 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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	CD Theodore H. Torbeck <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Neumann Way, mail drop F-114 Cincinnati, OH 45215-6301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD Jeffrey S. Bornstein <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Neumann Way, mail drop F-114 Cincinnati, OH 45215-6301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	T Steven Dunning <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Neumann Way, mail drop F-114 Cincinnati, OH 45215-6301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	VAT Mark Buchanan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 Corporate Woods Blvd. Albany, NY 12211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	S Stephen P. Henderson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Neumann Way, mail drop F-114 Cincinnati, OH 45215-6301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	AS Elizabeth A. Stautberg <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Neumann Way, mail drop F-114 Cincinnati, OH 45215-6301
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: <i>Mark Buchanan</i> Mark Buchanan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V.P. & ASST. TREAS.		4/15/98 518-433-4308 Date Daytime Phone #	

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