

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

FILED

Jun 25 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 # M71398

1. Corporation Name

CROWN PRECISION TECHNOLOGIES, INC.

Principal Place of Business 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502	Mailing Address 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1320 WARDS FERRY ROAD Suite, Apt. #, etc.	2a. Mailing Address 26 1320 WARDS FERRY ROAD Suite, Apt. #, etc.	4. FEI Number 59-2979268	Applied For Not Applicable
22 City & State 23 LYNCHBURG, VA 24 24502 25 USA	27 City & State 28 LYNCHBURG, VA 29 24502 30 USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	CT CORPORATION SYSTEMS
82 Street Address (P.O. Box Number is Not Acceptable)	1200 S. PINE ISLAND RD
83	
84 City	PLANTATION FL 85 Zip Code 33324

I, 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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE B. DOUGLAS GOODELL 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/ASST SEC/DIRECTOR <input type="checkbox"/> DELETE JOHN F. KIRBY 127 PUBLIC SQUARE CLEVELAND, OH 44114	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/SEC/TREAS/DIR <input type="checkbox"/> DELETE SEAN P. WARD 127 PUBLIC SQUARE CLEVELAND, OH 44114	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <input type="checkbox"/> DELETE JAMES PARKER 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <input type="checkbox"/> DELETE CLIFF CROLEY 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <input type="checkbox"/> DELETE MARK HARTMAN 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)