

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 15 AM 11:43

DOCUMENT # **N93000001558 (6)**

1. Corporation Name  
**M.E. - AMERICAS, INC.**

Principal Place of Business Mailing Address  
**HYTROL CONVEYOR CO., INC.**  
2020 HYTROL DR.  
JONESBORO AR 72401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/07/1993</b>	3a. Date of Last Report <b>07/06/1994</b>
4. FEI Number <b>59-3174265</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>WELLS MFG. CO.</b>	2a. Mailing Address 26 <b>2 ERIK CR.</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>VERDI, NV.</b>	28 City & State <b>VERDI, NV.</b>
24 Zip <b>89439</b>	25 Country <b>USA</b>
29 Zip <b>89439</b>	30 Country <b>USA</b>

8. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES, INC.**  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>SHULL, DAN</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>901 PLEASANT VALLEY DR.</b>	CITY - ST - ZIP <b>SPRINGBORO OH</b>	12 NAME	
TITLE <b>VP</b>	NAME <b>HUDSON, DEBBIE</b>	13 STREET ADDRESS	
STREET ADDRESS <b>1500 DANNER DR.</b>	CITY - ST - ZIP <b>AURORA OH</b>	14 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>BROWN, GREGORY</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>669 WEST 200TH ST.</b>	CITY - ST - ZIP <b>SALT LAKE CITY UT</b>	22 NAME	
TITLE <b>T</b>	NAME <b>GARNER, MIKE</b>	23 STREET ADDRESS	
STREET ADDRESS <b>2020 HYTROL DR.</b>	CITY - ST - ZIP <b>JONESBORO AR 72401</b>	24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE <b>SECRETARY (SD)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	32 NAME <b>DEBRA SUE STEVENS</b>	
TITLE	NAME	33 STREET ADDRESS <b>500 MCCARTHY BLVD.</b>	
STREET ADDRESS	CITY - ST - ZIP	34 CITY - ST - ZIP <b>MILPITAS, CA. 95195</b>	
TITLE	NAME	41 TITLE <b>Treasurer (TD)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	42 NAME <b>MICHAEL RAYBUEN</b>	
TITLE	NAME	43 STREET ADDRESS <b>2 ERIK CR.</b>	
STREET ADDRESS	CITY - ST - ZIP	44 CITY - ST - ZIP <b>VERDI, NV. 89439</b>	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Michael Raybuen **MICHAEL RAYBUEN** **5.8.95 (702) 345-0444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System's Name)

N93-1558

**M.E. - Americas  
1994-95 Officers**

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**President - Dan Shull**  
Dayton Extruded Plastics  
901 Pleasant Valley Drive  
Springboro, OH 45066  
Tel #: 513/746-6667  
Fax #: 513/746-7454

**Vice President - Deborah Hudson**  
Crawford Information Center  
6262 Cochran Road  
Solon, OH 44139  
Tel #: 216/562-9030  
Fax #: 216/562-5664

**Secretary - Debra Sue Stevens**  
Quantum Corporation  
500 McCarthy Blvd.  
Milpitas, CA 95935  
Tel #: 408/894-4435  
Fax #: 408/894-9826

**Treasurer - Mike Rayburn**  
Wells Manufacturing  
2 Erik Circle  
Verdi, NV 89439  
Work Tel #: 702/345-0444  
Home Tel #: 702/345-0569

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**BOARD OF DIRECTORS**

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Goffril "Gabby" Obegi  
Lawrence Berkley Labs  
1 Cyclatron Road  
Berkley, CA 94720  
Tel #: 510/486-5209  
Fax #: 510/486-6668

Mike Garner  
Hytrol Conveyor Co., Inc.  
2020 Hytrol Drive  
Jonesboro, AR 72401  
Tel #: 501/935-3700  
Fax #: 501/935-0381

Diane Berry - HP Contact  
Tel #: 303/229-3320  
Fax #: 303/229-6501