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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00462

1. Corporation Name
INTERNATIONAL MILL SERVICE, INC.

(2)

FILED									
May 02 1997 8:00am									
Secretary of State									

- 1 Parinada iyi dadiki dadik alaka birka kiri digin alaki alaki alaki alaki alaki alaki alaki ilaa

Principal Place of Business Mailing Address												
1155 BUSINESS CENTER DR HORSHAM PA 19044-454 US			PIVE HIGH HIDGE PARK P.O. BOX 10309 STAMPORD CT 05904-2309									
<del>ue-</del>								3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996				
	lace of Business	2a. Mailing Address					4. FEI Number	. <b></b>	F	Applied For		
21			26 1155 Business Center Dr				Dr	23-1884707			Not Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required	
City & State	e	27	City & State					6. Election Campaign Financing			<del></del>	
23			28 Horsham, PA					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country		Zip		ountry			8. This corporation has liability for	intangible			
24	25	29		30				Florida Statutes	] Yes [	No No		
OT 0	9. Name and Address of Curren	t Regis	stered Agent		81	r		10. Name and Address of New Re	gistered	Agent		
	ORPORATION SYSTEM S. PINE ISLAND ROAD				81	l N	ame					
	TATION FL 33324				82	St	reet Addr	ess (P.O. Box Number is Not Acceptab	ole)			
runi.	IIAIION FL 33324				83							
					84	Ci	ty		FI	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 607.050.	and €	007.1508. Florida Sta	itutes, the	above	L e-na	med corp	oration submits this statement for the c	urpose o	e. I I	its registered	
office or r	egistered agent, or both, in the State	Hori	da. Such change wa of Section 607 0505	as authoriz Etorida St	red by	/ the	corporati	oration submits this statement for the p ion's board of directors. I hereby accep	of the app	ointment a	s registered	
SIGNATURE			*	Tronicus qui	iora.o.							
	Signature, typed or printed name of registered age-					nt siç	mature require	ed when reinstating)	DATE			
12.	CP OFFICERS AND	DIREC	CTORS	13				ADDITIONS/CHANGES TO OFFIC	ERS ANI			
TITLE	GUZZETTI, LOUIS A.JR.		DELETE		TITLE			P & CEO		Change	Addition	
NAME	5 HIGH RIDGE PARK			1	NAME		Lo	ouis A. Guzzetti, Jr. 155 Business Center I				
STREET ADDRESS	STAMFORD CT				STREET			orsham, PA 19044	rive			
CITY-ST-ZIP TITLE	VPT		<b>1</b> DECETE		CITY - S THLE	1 - 71		DISHAM, FA 19044		Change	Addition	
NAME	MALONEY, WILLIAM L			1	NAME		VP			C.J. Change		
STREET ADDRESS	1155 BUSINESS CENTER DR.				STREET	ADD:	KESS W:	illiam L.Maloney 155 Business Center I	avira			
CITY-ST-ZIP	HORSHAM PA		,	2.4	4 CITY-	S1 - ZI		orsham, PA 19044	71140			
TITLE	VP		DELETE	3 1	INLE			P & Secretary & Couns	se1	Change	Addition	
NAME	RUSSO, JOSEPH A.			3.2	NAME			eon 2. Heller				
STREET ADDRESS	1155 BUSINESS CENTER DR. HORSHAM PA			3.3	STREET	ADDI	,	155 Business Center I	rive			
CITY-ST-ZIP	VP TORONAM FA		DELETE		CITY-	ST - ZI		orsham, PA. 19044				
TITLE NAME	ANDERSON, AARNE		LY DETER	- 1	TITLE		VP	4 1		Change	Addition	
STREET ADDRESS	5 HIGH RIDGE PARK				2 NAME STREET	ADD		rne Anderson 55 Business Center Dr				
CITY-ST-ZIP	STAMFORD CT				CITY - S			rsham, PA 19044	TAE			
TITLE	8		DELLIE		TOLE	1 - ZIF		cretary Assistant		Change	Addition	
NAME	HUBEN, CHRISTINA E			5.2	NAME			ira M. Sillins				
STREET ADDRESS	5 HIGH RIDGE PARK			5.3	STREET	ADDI		55 Business Center Dr	dve			
CITY-ST-ZIP	STAMFORD CT			5.4	CITY-S	1 - ZIF		rsham, PA 19044	140	_ ,		
TITLE	AT DAMAS MALLIANA D		<b>₹</b> DELETE	61	THLE			reasurer		Change	Addition	
NAME	DAVIS, WILLIAM B			6.2	NAME		W	Illiam B. Davis				
STREET ADDRESS	5 HIGH RIDGE PARK STAMFORD CT				STREET		RESS 1	155 Business Center D	rive			
CITY-ST-ZIP		اد خانزین	hie filing deue net =:		CITY-S		Ho	orsham, PA 19044 I in Section 119.07(3)(i). Florida Statute		Ne acception 40 -	at the	
i informatio	on indicated on this annual report or s	upplem	nental annual report i	is true and	d accu	trate	and that	in Section 119.07(3)(i). Florida Statute my signature shall have the same legat as required by Chapter 607, Florida S	⊫effect a	is if made u	inder oath: that	