


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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00651 (0) 1. Corporation Name STEARNS CATALYTIC CORPORATION					
Principal Place of Business 30 SOUTH 17TH STREET P.O. BOX 8223 PHILADELPHIA PA 19101			Mailing Address 30 SOUTH 17TH STREET P.O. BOX 8223 PHILADELPHIA PA 19101-8223		
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 01/19/1984 3a. Date of Last Report 05/01/1996 4. FEI Number 84-0880122 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 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 FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	NAME	MILLER, CHARLES O.	<input type="checkbox"/> DELETE	
STREET ADDRESS	32 PARKMAN WAY				
CITY- ST- ZIP	NEEDHAM MA				
TITLE	VTD	NAME	BICKEL, JEROME E.	<input type="checkbox"/> DELETE	
STREET ADDRESS	319 ST. DAVID DRIVE				
CITY- ST- ZIP	MT. LAUREL NJ				
TITLE	SD	NAME	HIGGINS, JR. JAMES C.	<input type="checkbox"/> DELETE	
STREET ADDRESS	501 CHESTNUT LANE				
CITY- ST- ZIP	WAYNE PA				
TITLE	V	NAME	MONTGOMERY, TIMOTHY L	<input type="checkbox"/> DELETE	
STREET ADDRESS	24 SHERMANS BRIDGE RD				
CITY- ST- ZIP	WAYLAND MA				
TITLE	V	NAME	SIMMERS, ROBERT A.	<input type="checkbox"/> DELETE	
STREET ADDRESS	3 LITTLE JOHN DR-R.D. #5				
CITY- ST- ZIP	MEDFORD, NJ.				
TITLE	AT	NAME	ZINO, CHRISTOPHER F.	<input type="checkbox"/> DELETE	
STREET ADDRESS	179 FLETCHER DR				
CITY- ST- ZIP	MORRISVILLE PA				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY- ST- ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY- ST- ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY- ST- ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY- ST- ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY- ST- ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY- ST- ZIP					
14. I do 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: CF ZINO 3-28-97 215-422-3000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHRISTOPHER F ZINO TREASURER					

CR2E034 (9/96)