PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00651

STEARNS CATALYTIC CORPORATION

Principal Place of Business		Mailing Address	Mailing Address			1681
30 SOUTH 17TH STREET		30 SOUTH 17TH STREET				
P.O. BOX 8223		P.O. BOX 8223			DO NOT WRITE IN THIS SPACE	
PHILADELPHIA PA 19101 PHILADELPHIA PA 19101				3. Date incorporated or Qualifed		
					01/19/1984	- }
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied Fo	or
21		26			84-0880122 Not Applic	able
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition Fee Required	al
City & State		City & State			-6. Election Campaign Financing \$5.00 May Be	e
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax. Yes No.	
	9. Name and Address of Curren	t Registered Agent		1	10. Name and Address of New Registered Agent	
	POEMPIOE HALL COPPORATION	CVOTCH INC	81	Name		
	PRENTICE-HALL CORPORATION	1 SYSIEM INC.	82	Street Add	dress (P.O. Box Number is Not Acceptable)	
1201 HAYS STREET			83			
SUITE 105 TALLAHASSEE FL 32301			83			
IVE	PAINOOLL 1 L OZOUT		84	City	FL 85 Zip Code	
-44 -5	to the annulations of Sections 607 050	2 and 607 1508 Florida Statute	s the above	e-named cor	reporation submits this statement for the purpose of changing its registe	red
office or n	egistered agent, or both, in the State :	of Florida. Such change was at	ithonzéd by	ine corporat	tion's board of directors. I hereby accept the appointment as registered	1
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Flor	ida Statutes			j
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE:	Registered Age	nt signature requi	ired when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PD	⊠ DELETE	1.1 TITLE		Change A	ddition
NAME	MILLER, CHARLES Q.		1.2 NAME			1
STREET ADDRESS	32 PARKMAN WAY		1.3 STREE	T ADDRESS		1
CITY-ST-ZIP	NEEDHAM MA		1.4 CITY-S	T-ZIP		3-864
TITLE	VTD	☐ DELETÉ	2.1 TITLE	.	☐ Change ☐ A	ddition
NAME	BICKEL, JEROME E.		2.2 NAME	-	cens of	
STREET ADDRESS	319 ST. DAVID DRIVE	. • ;	2.3 STREE	TADDRESS		[
CITY-ST-ZIP	MT. LAUREL NJ		2.4 CITY-	ST-ZIP	Change □ A	ddition
TITLE	-SD	- DELETÉ	3.1 TITLE		- Grange -	ua.us
NAME	HIGGINS, JR. JAMES C.		3.2 NAME			
STREET ADDRESS	501 CHESTNUT LANE			T ADDRESS		
CITY-ST-ZIP	WAYNE PA	☐ DELETE	3.4. CITY-1	S1-21P	Change A	Addition
TITLE	NONTCOMEDY TIMOTHY I	occess	4.1 THE			
NAME	MONTGOMERY, TIMOTHY L 24 FIELDSTONE LANE			TADDRESS		
STREET ADDRESS C/TY-ST-ZIP	NATICK MA		4.4 CITY-S	i		
TITLE	V	☐ DELETE	5.1 TITLE	-	☐ Change ☐ A	Addition
NAME	SIMMERS, ROBERT A.		5.2 NAME			
STREET ADDRESS	3 LITTLE JOHN DR-R.D. #5		5.3 STREE	T ADDRESS		
CITY-ST-ZIP	MEDFORD, NJ.			l l		
CIT I CITAL			5.4 CITY - S	ST-ZIP		
TITLE		☐ DELETE	5.4 CITY-S 6.1 TITLE	ST-ZIP	Change A	Addition .
TITLE NAME	AT ZINO, CHRISTOPHER F	DELETE			Change A	uddition :

MORRISVILLE PA CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CARL EVADS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90086 014 ***150.00