

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90086 014 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P00651**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22  
 23 City & State  
 24 Zip 25 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27  
 28 City & State  
 29 Zip 30 Country

3. Date incorporated or Qualified  
**01/19/1984**

4. FEI Number  
**84-0880122**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 Not Applicable

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  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 **FL** 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 reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, CHARLES Q.	
STREET ADDRESS	32 PARKMAN WAY	
CITY-ST-ZIP	NEEDHAM MA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BICKEL, JEROME E.	
STREET ADDRESS	319 ST. DAVID DRIVE	
CITY-ST-ZIP	MT. LAUREL NJ	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HIGGINS, JR. JAMES C.	
STREET ADDRESS	501 CHESTNUT LANE	
CITY-ST-ZIP	WAYNE PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, TIMOTHY L	
STREET ADDRESS	24 FIELDSTONE LANE	
CITY-ST-ZIP	NATICK MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIMMERS, ROBERT A.	
STREET ADDRESS	3 LITTLE JOHN DR-R.D. #5	
CITY-ST-ZIP	MEDFORD, NJ.	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	ZIINO, CHRISTOPHER F	
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 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.

SIGNATURE: **CHRISTOPHER F. ZIINO** 4-9-99 215-422-4843  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)