

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00989 (4)
1. Corporation Name
LASALLE BRISTOL CORPORATION

Principal Place of Business
640 C.R. 17
PO BOX 2347
ELKHART IN 46516

Mailing Address
640 C.R. 17
PO BOX 2347
ELKHART IN 46516



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 601 C.R. 17 Suite, Apt #, etc. 22 City & State 23 Elkhart IN Zip 24 46516		2a. Mailing Address 25 P.O. Box 1307 Suite, Apt #, etc. 26 City & State 27 Elkhart IN Zip 28 46515		3. Date Incorporated or Qualified 02/22/1984		4. FEI Number 35-1499063 Applied For Not Applicable		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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			
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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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HINCHLIFFE, RALPH			1.2 NAME			
STREET ADDRESS	640 INDUSTRIAL PKWY			1.3 STREET ADDRESS	601 C.R. 17		
CITY-ST-ZIP	ELKHART IN			1.4 CITY-ST-ZIP			
TITLE	PED	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERS, A. CLARK			2.2 NAME	William J. Schmuhl, Jr.		
STREET ADDRESS	640 INDUST PKY			2.3 STREET ADDRESS	601 C.R. 17		
CITY-ST-ZIP	ELKHART IN			2.4 CITY-ST-ZIP	Elkhart IN 46516		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRIPPEL, JOSEPH B			3.2 NAME			
STREET ADDRESS	640 INDUSTRIAL PKWY			3.3 STREET ADDRESS	601 C.R. 17		
CITY-ST-ZIP	ELKHART IN			3.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOBAY, DONALD L			4.2 NAME			
STREET ADDRESS	640 INDUST PKY			4.3 STREET ADDRESS	601 C.R. 17		
CITY-ST-ZIP	ELKHART IN			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROADHEAD, MICHAEL			5.2 NAME			
STREET ADDRESS	640 INDUSTRIAL PARKWAY			5.3 STREET ADDRESS	601 C.R. 17		
CITY-ST-ZIP	ELKHART IN			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	Terence J. Martin		
STREET ADDRESS				6.3 STREET ADDRESS	601 C.R. 17		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Elkhart IN 46516		

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.

SIGNATURE:

Joseph B. Trippel 1/28/98 (219) 295-4400

CP2E034 (1097)