FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02263 (2)

1. Corporation Name
VALK MANUFACTURING COMPANY

Principal Place of Business	Mailing Address
U.S. RT. 11 P O BOX 218 CARLISLE PA 17013-0218 US	U.S. RT. 11 P O BOX 218 CARLISLE PA 17013-0218 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1984
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 23-1399803 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VALK, RICHARD
1330 PARTRIDGE PLACE NORTH
BOYNTON BEACH 33436

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	☒ Change	☐ Addition
NAME	VALK, RICHARD P.	1.2 NAME		
STREET ADDRESS	66 E MAIN STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW KINGSTOWN PA	1.4 CITY-ST-ZIP	NEW KINGSTOWN, PA 17072-0406	
TITLE	V	2.1 TITLE	☒ Change	☐ Addition
NAME	LANG, ROBERT P	2.2 NAME		
STREET ADDRESS	429 MEETING HOUSE RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	CARLISLE PA	2.4 CITY-ST-ZIP	CARLISLE, PA 17013	
TITLE	S	3.1 TITLE	☒ Change	☐ Addition
NAME	SHERRY, KENNETH C.	3.2 NAME		
STREET ADDRESS	16 ANDES DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA	3.4 CITY-ST-ZIP	MECHANICSBURG, PA 17055	
TITLE	VTD	4.1 TITLE	☒ Change	☐ Addition
NAME	HAY, JAMES F.	4.2 NAME		
STREET ADDRESS	9 STEWART DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	CARLISLE PA	4.4 CITY-ST-ZIP	CARLISLE, PA 17013-1765	
TITLE	PD	5.1 TITLE	☒ Change	☐ Addition
NAME	VALK, TED P.	5.2 NAME		
STREET ADDRESS	1713 OLMSTED WAY W	5.3 STREET ADDRESS		
CITY-ST-ZIP	CAMP HILL PA	5.4 CITY-ST-ZIP	CAMP HILL, PA 17011-8460	
TITLE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: JAMES F. HAY, VICE PRESIDENT 04-11-95 717-766-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0498184 FN