

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P02263

(2)

1. Corporation Name  
**VALK MANUFACTURING COMPANY**



2. Principal Place of Business

U.S. RT. 11  
P O BOX 218  
CARLISLE PA 17013-0218  
US

2a. Mailing Address

U.S. RT. 11  
P O BOX 218  
CARLISLE PA 17013-0218  
US

2. Principal Place of Business

2a. Mailing Address

21

26

City & State

City & State

22

27

City & State

City & State

23

28

City & State

City & State

24

29

City & State

City & State

9. Name and Address of Current Registered Agent

VALK, RICHARD  
1330 PARTRIDGE PLACE NORTH  
BOYNTON BEACH 33436

11. I, the undersigned, being duly sworn, depose and say that I am a resident of the State of Florida; that I am a shareholder in the above named corporation; that I am authorized by the Board of Directors of the corporation to execute this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida; that I am authorized by the Board of Directors of the corporation to execute this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida; and that I accept the obligations of the Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

NAME

CD  
VALK, RICHARD P.  
66 E MAIN STREET  
NEW KINGSTOWN PA  
V

[ ] OFFICER

NAME

LANG, ROBERT P  
429 MEETING HOUSE RD  
CARLISLE PA  
S

[ ] OFFICER

NAME

SHERRY, KENNETH C.  
16 ANDES DRIVE  
MECHANICSBURG PA  
VTD

[ ] OFFICER

NAME

HAY, JAMES F.  
9 STEWART DR  
CARLISLE PA  
PD

[ ] OFFICER

NAME

VALK, TED P.  
1713 OLMSTED WAY W  
CAMP HILL PA

[ ] OFFICER

NAME

NAME

14. I, the undersigned, certify that the information supplied for this statement is true and correct to the best of my knowledge and belief, and I do not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information supplied for this statement is true and correct to the best of my knowledge and belief, and I do not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information supplied for this statement is true and correct to the best of my knowledge and belief, and I do not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information supplied for this statement is true and correct to the best of my knowledge and belief, and I do not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JAMES F. HAY, VICE PRESIDENT AND CHIEF FINANCIAL OFFICER

01-19-96

717-766-0711

CR2E034 (12/95)