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Feb 21, 1999 8:00 am
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02-21-1999 90048 049 ***150.00

05-6682

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P02263**
 1. Corporation Name
VALK MANUFACTURING COMPANY

Principal Place of Business: 66 EAST MAIN ST, NEW KINGSTOWN PA 17072-0428, US
 Mailing Address: U.S. RT. 11, P O BOX 218, CARLISLE PA 17013-0218, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 06/04/1984
 4. FEI Number: 23-1399803
 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 owes the current year Intangible Personal Property Tax: 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALK, RICHARD P.	1.2 NAME	
STREET ADDRESS	66 E MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW KINGSTOWN PA 28	1.4 CITY-ST-ZIP	NEW KINGSTOWN, PA 17072-0428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	2.1 TITLE	
NAME	LANG, ROBERT P	2.2 NAME	
STREET ADDRESS	429 MEETING HOUSE RD	2.3 STREET ADDRESS	CARLISLE, PA 17013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CARLISLE PA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	SHERRY, KENNETH C.	3.2 NAME	
STREET ADDRESS	16 ANDES DRIVE	3.3 STREET ADDRESS	MECHANICSBURG, PA 17055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MECHANICSBURG PA	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	
NAME	HAY, JAMES F.	4.2 NAME	
STREET ADDRESS	9 STEWART DR	4.3 STREET ADDRESS	CARLISLE, PA 17013-1765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CARLISLE PA 65	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	VALK, TED P.	5.2 NAME	
STREET ADDRESS	1713 OLMSTED WAY W	5.3 STREET ADDRESS	CAMP HILL, PA 17011 <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CAMP HILL PA 60	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: JAMES F. HAY, VICE PRESIDENT AND CHIEF FINANCIAL OFFICER 01-08-99 717-766-0711
 Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (1/96)