FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P10661** **(7)**

1. Corporation Name
MOSLER INC.

Principal Place of Business
1561 GRAND BLVD.
HAMILTON OH 45011-4003

Mailing Address
1561 GRAND BLVD.
HAMILTON OH 45011-4003

CHANGES EFFECTIVE 4/2/96

2. Principal Place of Business
21 8709 Berk Blvd.
Suite, Apt. #, etc.
22
City & State
23 Hamilton, Ohio
Zip 24 45015 Country 25 Butler

2a. Mailing Address
26 8709 Berk Blvd.
Suite, Apt. #, etc.
27
City & State
28 Hamilton, Ohio
Zip 29 45015 Country 30 Butler

3. Date Incorporated or Qualified: 07/02/1986
3a. Date of Last Report: 02/10/1995
4. FEI Number: 31-1172814 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 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: Signature of a member of the Board of Directors or Agent DATE: (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	S	[ ] DELETE
NAME	SHEFFER, SANDRA JEAN	
STREET ADDRESS	327 RACHEL LANE	
CITY-ST-ZIP	MIDDLETOWN OH	
TITLE	VCC	[X] DELETE
NAME	LINGG, JOSEPH F.	
STREET ADDRESS	7071 WILLOWOOD DR.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VP	[X] DELETE
NAME	TAMASHASKY, JOHN J.	
STREET ADDRESS	9441 AMBLESIDE DR.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	ACT	[ ] DELETE
NAME	JEANMOUGIN, PAUL FRANCIS	
STREET ADDRESS	3762 DONATA DRIVE	
CITY-ST-ZIP	CINCINNATI OH	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP & CFO	[X] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	President	[ ] Change [X] Addition
5.2 NAME	Rapoport, Michel	
5.3 STREET ADDRESS	10 Muirfield Lane	
5.4 CITY-ST-ZIP	Cincinnati, Ohio 45241	
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 in an attachment with an address.

SIGNATURE: Paul F. Jeanmougin, VP & CFO 1/30/96 513-870-1007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)