

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

FILED

**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10661 (7)
 1. Corporation Name
MOSLER INC.



Principal Place of Business 8709 BERK BLVD HAMILTON OH 45015 US	Mailing Address 8709 BERK BLVD HAMILTON OH 45015-2205 US
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3. Date Incorporated or Qualified 07/02/1986	3a. Date of Last Report 02/09/1996
4. FEI Number 31-1172814	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8509 Berk Blvd.	2a. Mailing Address 26 8509 Berk Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEFFER, SANDRA JEAN		1.2 NAME	
STREET ADDRESS 327 RACHEL LANE		1.3 STREET ADDRESS	
CITY - ST - ZIP MIDDLETOWN OH		1.4 CITY - ST - ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAPOPORT, MICHAEL		2.2 NAME	
STREET ADDRESS 10 MUIRFIELD LANE		2.3 STREET ADDRESS	
CITY - ST - ZIP CINCINNATI OH		2.4 CITY - ST - ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAMASHASKY, JOHN J.		3.2 NAME	
STREET ADDRESS 9441 AMBLESIDE DR.		3.3 STREET ADDRESS	
CITY - ST - ZIP CINCINNATI OH		3.4 CITY - ST - ZIP	
TITLE VPCE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEANMOUGIN, PAUL FRANCIS		4.2 NAME	
STREET ADDRESS 3762 DONATA DRIVE		4.3 STREET ADDRESS	
CITY - ST - ZIP CINCINNATI OH		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VP, CFO & Treasurer
STREET ADDRESS		5.3 STREET ADDRESS	Woody M. McGee
CITY - ST - ZIP		5.4 CITY - ST - ZIP	2263 Kyle Drive
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Assistant Secretary
STREET ADDRESS		6.3 STREET ADDRESS	Alfred R. Rabasca
CITY - ST - ZIP		6.4 CITY - ST - ZIP	64 Edgewood Avenue

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP, CFO & Treasurer
5.3 STREET ADDRESS	Woody M. McGee
5.4 CITY - ST - ZIP	2263 Kyle Drive
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Assistant Secretary
6.3 STREET ADDRESS	Alfred R. Rabasca
6.4 CITY - ST - ZIP	64 Edgewood Avenue

14. I do 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: Woody M. McGee **Woody M. McGee, VP, CFO & Treasurer 1/31/97 513-870-1184**

CR2E034 (9/96)