

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 8509 BERK BLVD. HAMILTON OH 45015 US	Mailing Address 8509 BERK BLVD. HAMILTON OH 45015 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1986	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 31-1172814	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	11 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEFFER, SANDRA JEAN	12 NAME	George W. Werden
STREET ADDRESS	327 RACHEL LANE	13 STREET ADDRESS	8804 Eagle Ridge Road
CITY-ST-ZIP	MIDDLETOWN OH	14 CITY-ST-ZIP	West Chester, OH 45069
TITLE	P <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPOPORT, MICHAEL	22 NAME	
STREET ADDRESS	10 MUIRFIELD LANE	23 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	24 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMASHASKY, JOHN J.	32 NAME	
STREET ADDRESS	9441 AMBLESIDE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	34 CITY-ST-ZIP	
TITLE	VPCE <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANMOUGIN, PAUL FRANCIS	42 NAME	
STREET ADDRESS	3762 DONATA DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	44 CITY-ST-ZIP	
TITLE	VCT <input checked="" type="checkbox"/> DELETE	51 TITLE	VP, CFO & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC GEE, WOODY M	52 NAME	Thomas J. Bell
STREET ADDRESS	2283 KYLE DRIVE	53 STREET ADDRESS	963 Creek Knoll Drive
CITY-ST-ZIP	HEBRON KY	54 CITY-ST-ZIP	Milford, OH 45150
TITLE	AS <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABASCA, ALFRED R	62 NAME	
STREET ADDRESS	84 EDGEWOOD AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ	64 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.

SIGNATURE: *Thomas J. Bell* Thomas J. Bell, VP, CFO & Treasurer 2/26/98 513-870-1184

CP2E034 (10/97)