

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P12932 (0)
1. Corporation Name
MARMON/KEystone CORPORATION



Principal Place of Business
225 E CUNNINGHAM ST.
P.O. BOX 992
BUTLER PA 16001

Mailing Address
225 E CUNNINGHAM ST.
P.O. BOX 992
BUTLER PA 16001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1987	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 25-1209534		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. 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
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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	P GOTTSCALK, NORMAN E.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 E. CUNNINGHAM	1.2 NAME	
STREET ADDRESS	BUTLER PA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VTD GLUTH, R.C.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 W. WASHINGTON ST.	2.2 NAME	
STREET ADDRESS	CHICAGO IL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S WEBB, ROBERT W.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 W. WASHINGTON ST.	3.2 NAME	
STREET ADDRESS	CHICAGO IL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DVC PRITZKER, ROBERT A.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 W. WASHINGTON ST.	4.2 NAME	
STREET ADDRESS	CHICAGO IL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	C SEKA, ANDREW N.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 E. CUNNINGHAM ST	5.2 NAME	
STREET ADDRESS	BUTLER PA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PRITZKER, JAY A.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 W. WASHINGTON	6.2 NAME	
STREET ADDRESS	CHICAGO IL	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.

CR2E034 (10/97)