

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90074 049 ***150.00

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03292004 Chg-P CR2E034 (10/03)

DOCUMENT # P12932 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 25-1209534	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 110 NORTH MAGNOLIA STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOTTSCHALK, NORMAN E. 225 E. CUNNINGHAM BUTLER, PA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + Director Norman E. Gottschalk Jr 225 E Cunningham St. Butler, PA 16001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GLUTH, R.C. 225 W. WASHINGTON ST. CHICAGO, IL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBB, ROBERT W. 225 W. WASHINGTON ST. CHICAGO, IL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPD NICHOLS, JOHN D 225 W. WASHINGTON ST. CHICAGO, IL 60606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SEKA, ANDREW N. 225 E. CUNNINGHAM ST BUTLER, PA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP Finance/Controller and Director Andrew N. Seka 225 E Cunningham St. Butler, PA 16001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ Andrew N. Seka 04/01/04 (724) 293-3000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					