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 # P13424 (7)

1. Corporation Name

TECKEL, INC.

Principal Place of Business	Mailing Address
1209 ORANGE STREET WILMINGTON DE 19801	1209 ORANGE STREET WILMINGTON DE 19801

3. Date Incorporated or Qualified: 03/02/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 13-3366171 ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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	P	☒ DELETE	1.1 TITLE	Pres.	☒ Change ☐ Addition
NAME	WENTZ, HOWARD B.		1.2 NAME	Clas Thelin	
STREET ADDRESS	555 LONG WHARF DR.		1.3 STREET ADDRESS	110 Sargent Drive	
CITY-ST-ZIP	NEW HAVEN CT		1.4 CITY-ST-ZIP	New Haven, CT 06511	
TITLE	S	☒ DELETE	2.1 TITLE	Sec.	☒ Change ☐ Addition
NAME	JONES, KENNETH J.		2.2 NAME	Jeffrey Mereschuk	
STREET ADDRESS	555 LONG WHARF DR.		2.3 STREET ADDRESS	110 Sargent Drive	
CITY-ST-ZIP	NEW HAVEN CT		2.4 CITY-ST-ZIP	New Haven, CT 06511	
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHESLEY, ROGER D.		3.2 NAME		
STREET ADDRESS	555 LONG WHARF DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW HAVEN CT		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMANN, RICHARD L.		4.2 NAME		
STREET ADDRESS	555 LONG WHARF DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW HAVEN CT		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 on an attachment with an address.

SIGNATURE: Jeffrey D. Mereschuk 4/24/96 203-624-5125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)