

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 # **P13429** (6)

1. Corporation Name
ADDIMENT INCORPORATED



Principal Place of Business: 7660 IMPERIAL WAY % LEHIGH PORTLAND CEMENT COMPANY ALLENTOWN PA 18195
Mailing Address: 7660 IMPERIAL WAY % LEHIGH PORTLAND CEMENT COMPANY ALLENTOWN PA 18195

3. Date Incorporated or Qualified: 03/02/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 52-1332078
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

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 City: 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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STRAUSS, ALFRED C.	
STREET ADDRESS	341-13TH AVE	
CITY-ST-ZIP	BETHEHEM PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LYDON, PATRICK M	
STREET ADDRESS	626 PARKWAY RD	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEUBE, HELMUT	
STREET ADDRESS	7660 IMPERIAL WAY	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLAUSPETER, BREUCKMANN	
STREET ADDRESS	ROHRBACHER STR. 95	
CITY-ST-ZIP	WEST GERMANY WG	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BERKLEY, ZIONTS	
STREET ADDRESS	4894 BOWOOD STREET	
CITY-ST-ZIP	CENTER VALLEY PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SNYDER, JEFFREY	
STREET ADDRESS	6555 BUTTON-GWINNETH DR.	
CITY-ST-ZIP	DORAVILLE GA 30340	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Herzer, Thomas A.	
1.3 STREET ADDRESS	945 Turner Street	
1.4 CITY-ST-ZIP	Allentown, PA 18102	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Patricia M. Herzer* April 24, 1996 (610) 366-4670

CR2E034 (12/95)