

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

1-2

DOCUMENT # P13941 (0)

1. Corporation Name
RELTEC CORPORATION



Principal Place of Business: 6065 PARKLAND BLVD CLEVELAND OH 44124-3106
Mailing Address: 6065 PARKLAND BLVD CLEVELAND OH 44124-3106

3. Date Incorporated or Qualified: 04/07/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 34-1538684
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 5875 Landerbrook Dr. #250
Suite Apt. #, etc: 22 Suite #250
City & State: 23 Cleveland, OH
Zip: 24 44124 Country: 25 USA
2a. Mailing Address: 26 5875 Landerbrook Dr.
Suite Apt. #, etc: 27 Suite 250
City & State: 28 Cleveland, OH
Zip: 29 44124 Country: 30 USA

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, etc.): 700001828477
83 City, State, Zip: 05/20/96 01026-040
84 City: ***200.00
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MORLEY, JOHN C.	
STREET ADDRESS	6065 PARKLAND BLVD.	
CITY- ST- ZIP	CLEVELAND OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SHEFFLER, DUDLEY P.	
STREET ADDRESS	6065 PARKLAND BLVD.	
CITY- ST- ZIP	CLEVELAND OH	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GUSEILO, JAMES A	
STREET ADDRESS	6065 PARKLAND BLVD.	
CITY- ST- ZIP	CLEVELAND OH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, W. M	
STREET ADDRESS	2201 SEAL BEACH BLVD	
CITY- ST- ZIP	SEAL BEACH CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALISE, WILLIAM R JR	
STREET ADDRESS	2201 SEAL BEACH BLVD	
CITY- ST- ZIP	SEAL BEACH CA	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	MORLEY JOHN C	
STREET ADDRESS	6065 PARKLAND BLVD	
CITY- ST- ZIP	CLEVELAND OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	John L. Wilson	
13 STREET ADDRESS	5875 Landerbrook Dr. #250	
14 CITY- ST- ZIP	Cleveland, OH 44124	
2. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Sheffler, Dudley P.	
23 STREET ADDRESS	5875 Landerbrook Dr., #250	
24 CITY- ST- ZIP	Cleveland, OH 44124	
3. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Susan M. Clark	
33 STREET ADDRESS	5875 Landerbrook Dr. #250	
34 CITY- ST- ZIP	Cleveland, OH 44124	
4. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	James H. Greene	
43 STREET ADDRESS	5875 Landerbrook Dr #250	
44 CITY- ST- ZIP	Cleveland, OH 44124	
5. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Alexander Navab, Jr.	
53 STREET ADDRESS	5875 Landerbrook Dr., #250	
54 CITY- ST- ZIP	Cleveland, OH 44124	
6. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Henry R. Kravis	
63 STREET ADDRESS	5875 Landerbrook Dr. #250	
64 CITY- ST- ZIP	Cleveland, OH 44124	

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, director of the corporation or the person 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: Susan M. Clark Susan M. Clark 4/25/96 216/460-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)

P13941

2-2

Director:

George R. Roberts
5875 Landerbrook Dr., #250
Cleveland, OH 44124