

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P14576 (3)
 1. Corporation Name
NATIONAL ENERGY PRODUCTION CORPORATION



Principal Place of Business 18578 N.E. 67TH COURT REDMOND WA 98073 US	Mailing Address ONE ZURN PLACE P.O. BOX 2000 ERIE PA 16505-2532 US
---	--

3. Date Incorporated or Qualified 05/26/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 91-1091148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	25. Zip
29. Country	30. Zip

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.
84. City
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUTYNSKI, DONALD L.	
STREET ADDRESS	18578 NE 67TH COURT	
CITY - ST - ZIP	REDMOND WA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GEORGE, ROBERT D	
STREET ADDRESS	18575 NE 67TH COURT	
CITY - ST - ZIP	REDMOND WA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	HYNES, JAMES H.	
STREET ADDRESS	ONE ZURN PLACE	
CITY - ST - ZIP	ERIE PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HAINES, DENNIS	
STREET ADDRESS	ONE ZURN PLACE	
CITY - ST - ZIP	ERIE PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RUTZLER, JOHN E. III	
STREET ADDRESS	ONE ZURN PLACE	
CITY - ST - ZIP	ERIE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOMACK, ROBERT R	
STREET ADDRESS	ONE ZURN PLACE	
CITY - ST - ZIP	ERIE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lee L. Saage	
2.3 STREET ADDRESS	18578 NE 67TH Court	
2.4 CITY - ST - ZIP	Redmond, WA 98052	
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 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.

SIGNATURE: _____ SIGNATURE REQUIRED James H. Hynes Asst. Treasurer Date _____ 814/452-2111 Daytime Phone #

CR2E034 (9/96)