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 # **P16567** **(0)**

1. Corporation Name

ETI EXPLOSIVES TECHNOLOGIES INTERNATIONAL INC.

Principal Place of Business	Mailing Address
WILSON BLDG.. STE. 202 3511 SILVERSIDE RD. WILMINGTON DE 19810-4902 US	WILSON BLDG SUITE 202 3511 SILVERSIDE ROAD WILMINGTON DE 19810-4902 US

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

3. Date Incorporated or Qualified: **10/27/1987**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **51-0302401** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and date. Facsimile
NOTE: Registered Agent signature required when name changed

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VC	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	WOODACRE, ERNEST E.		12 NAME		
STREET ADDRESS	3511 SILVERSIDE ROAD, WILSON BLDG		13 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		14 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	REID, LORNE J.		22 NAME		
STREET ADDRESS	3511 SILVERSIDE ROAD, WILSON BLDG		23 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		24 CITY-ST-ZIP		
TITLE	V	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BRAY, JAMES S.		32 NAME		
STREET ADDRESS	3511 SILVERSIDE ROAD, WILSON BLDG		33 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		34 CITY-ST-ZIP		
TITLE	S	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	CLAUSS, CARL A.		42 NAME		
STREET ADDRESS	3511 SILVERSIDE ROAD, WILSON BLDG		43 STREET ADDRESS	000001730710	
CITY-ST-ZIP	WILMINGTON DE		44 CITY-ST-ZIP	-03/04/96--01055--000	
TITLE	T	☐ DELETE	51 TITLE	***200.00	☐ Change ☐ Addition
NAME	SEIFRED, STEPHEN P.		52 NAME	15	
STREET ADDRESS	3511 SILVERSIDE ROAD, WILSON BLDG		53 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		54 CITY-ST-ZIP		
TITLE	V	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BURKE, EDWARD J.		62 NAME		
STREET ADDRESS	3511 SILVERSIDE ROAD, WILSON BLDG.		63 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		64 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: John Rojas Tax Manager 1/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Treasurer 1/27/96

(800)-497-3500 Ext: 3584
Daytime Phone #

CR2E034 (12/95)