

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19397 (9)
1. Corporation Name
MEMTEC AMERICA CORPORATION

Principal Place of Business C/O ACCOUNTING CONTROLLER 1790 MEMTEC DR. DELAND FL 32724	Mailing Address C/O ACCOUNTING CONTROLLER 1790 MEMTEC DR. DELAND FL 32724
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1988	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country	31	32
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent HAGAN, TOM 246 CROOKED TREE TRAIL DELAND FL 32724				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85				86 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 *Joseph Jasso* Joseph Jasso 04/30/98
Signature, by a duly qualified registered agent, and file if appropriate (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HAGAN, TOM	1.2 NAME	
STREET ADDRESS	246 CROOKED TREE TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	
NAME	HANLEY, DENIS H	2.2 NAME	
STREET ADDRESS	5 HOWARD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASTLE HILL AU	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	RILEY, RONALD T	3.2 NAME	
STREET ADDRESS	10317 PADDINGTON CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELICOT CITY MD 21042	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	DENVER, ANDREW	4.2 NAME	
STREET ADDRESS	32 HALE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. IVES AU	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	HANLEY, GARY	5.2 NAME	
STREET ADDRESS	12 WANDWORTH BRIDGE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTHERVILLE MD 21093	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	O'NEILL, KEVIN	6.2 NAME	
STREET ADDRESS	2909 RUECKERT AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21214	6.4 CITY-ST-ZIP	

14. I 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 *Joseph Jasso* Joseph Jasso 04/30/98

CR2E034 (10/97)