

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P20686** (2)

1. Corporation Name
THE WEST COMPANY OF PENNSYLVANIA

Principal Place of Business 101 GORDON DRIVE P.O. BOX 645 LIONVILLE PA 19341-0645	Mailing Address 101 GORDON DRIVE P.O. BOX 645 LIONVILLE PA 19341-0645
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1988	3a. Date of Last Report 04/11/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 23-1210010		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNYHOFF, GEORGE R.	1.2 NAME	
STREET ADDRESS	101 GORDON DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIONVILLE PA	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIEGLER, VICTOR E	2.2 NAME	JOHN R. GAILEY III
STREET ADDRESS	101 GORDON DR	2.3 STREET ADDRESS	101 GORDON DRIVE
CITY-ST-ZIP	LIONVILLE PA	2.4 CITY-ST-ZIP	LIONVILLE, PA 19341-0645
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAND, RAYMOND J	3.2 NAME	JERRY E. DORSEY
STREET ADDRESS	101 GORDON DR	3.3 STREET ADDRESS	101 GORDON DRIVE
CITY-ST-ZIP	LIONVILLE PA	3.4 CITY-ST-ZIP	LIONVILLE, PA 19341
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, WILLIAM G	4.2 NAME	
STREET ADDRESS	101 GORDON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIONVILLE PA	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEUMANN, STEPHEN M	5.2 NAME	
STREET ADDRESS	101 GORDON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIONVILLE PA	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPSO, ANNA MAE	6.2 NAME	
STREET ADDRESS	101 GORDON DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIONVILLE PA	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: Stephen M. Heumann **Stephen M. Heumann** 3/31/97 610 594-2900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)