

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

FILED
Mar 20 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 # P22578 (9)
 1. Corporation Name
KEYSTONE VALVES AND CONTROLS, INC.



Principal Place of Business 9600 WEST GULF BANK DRIVE HOUSTON TX 77040	Mailing Address 9600 WEST GULF BANK DRIVE HOUSTON TX 77040
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	1 TYCO PARK	4. FEI Number	Applied For
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc. 4/5 TAX DEPT.	74-2013117	Not Applicable
23	City & State	28	City & State EXETER, NH	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip 03833	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VASD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, MARK E.	1.2 NAME	MEAD, ROBERT
STREET ADDRESS	9600 W. GULF BANK DRIVE	1.3 STREET ADDRESS	3 TYCO PARK
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	EXETER, NH 03833
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT & SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DONNA D.	2.2 NAME	DOHERTY, BERNARD
STREET ADDRESS	9600 W. GULF BANK DRIVE	2.3 STREET ADDRESS	1 TYCO PARK
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	EXETER, NH 03833
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUTTS, DAVID Y	3.2 NAME	KOZLOWSKI, DENNIS L.
STREET ADDRESS	9600 W. GULF BANK DRIVE	3.3 STREET ADDRESS	1 TYCO PARK
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	EXETER, NH 03833
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SWARTZ, MARK
STREET ADDRESS		4.3 STREET ADDRESS	1 TYCO PARK
CITY-ST-ZIP		4.4 CITY-ST-ZIP	EXETER, NH 03833
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GUTIN, IRVIN
STREET ADDRESS		5.3 STREET ADDRESS	1 TYCO PARK
CITY-ST-ZIP		5.4 CITY-ST-ZIP	EXETER, NH 03833
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MILLER, BARBARA
STREET ADDRESS		6.3 STREET ADDRESS	1 TYCO PARK
CITY-ST-ZIP		6.4 CITY-ST-ZIP	EXETER, NH

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 _____ **3-12-98 (603) 778-9700**

CR2E034 (10/97)