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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 06 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT # P23588** 

(7)

CRUCIBL	.e materials conporati	ON					
Principal Place	of Business	Mailing Address				1l	
575 STATE FAIR BLVD. SOLVAY NY 13209		P.O. BOX 977 SYRACUSE NY 13201-0977					
				·	3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1989 04/11/1996		
2. Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number Applied		
Suite, Apt #, etc		26				Not Applicable \$8.75 Additional	
22:		27 July 4, die.			6. Certificate of Status Desired Fee Require		
Orty & State	>	City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee		
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for intangible tax under s. 199.	032,	
24	25 9. Name and Address of Curren	29	30		Florida Statutes Yes No  10. Name and Address of New Registered Agent		
		r negistered Agent		81 Name			
	CORPORATION SYSTEM						
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				82 Street	Address (P.O. Box Number is Not Acceptable)		
	TIMION IE GOOLY		Ţ	83			
			Ì	<b>64</b> City	FL 85 Zip Code		
11 Purcuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	es the ab	ove-named	d corporation submits this statement for the purpose of changing its reg	istered	
office or re agent. Lar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was a tions of Section 607.0505. Florida	authorizec orida State	by the corutes.	rporation's board of directors. I hereby accept the appointment as regis	tered	
SIGNATURE					re required when renstating) DATE		
12.	Signation, typed or partial rame of registered ager OFFICERS AND		13.	Ageni signaturi	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	D	DELETE	1.1 TIT	LE		Addition	
NAME	VENSEL, JOHN L.		1.2 NA	ΜĒ			
STREET ADDRESS	575 STATE FAIR BLVD		1.3 ST	reet address	·		
CHY-ST-ZiF	SOLVAY NY 13209		1.4 CI	Y-ST-ZIP			
TITLE	VTD	DELETE	2.1 TH		L_J Change L_J	Addition	
NAME	JAGGERS, GENE P.		2.2 NA				
STREET ADDRESS	575 STATE FAIR BLVD			REET ADDRESS			
CITY-S1-ZIII	SOLVAY NY 13209		2. 4 CI 3 1 T()	TY - ST - ZIP	☐ Change ☐	Addition	
NAME	SIMMONS, HARVEY O.	L. Ditter	3.2 NA		J Shange	riogic (iii	
STREET ADDRESS	575 STATE FAIR BLVD			reet address			
CITY-ST-ZIP	SOLVAY NY 13209			TY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TIT		Change	Addition	
NAME	LEE, GARY A		4. 2 N/	AME		٠	
STHEET ADDRESS	12155 METRO PARKWAY, UNI	Γ <b>#1</b>	4.3 ST	REET ADDRESS			
CHY-ST-ZIP	FT. MYERS FL			ry-\$t-zip		A 1 al	
THILE	D	DELETE	5.1 10		LI Change LI	Addition	
NAME	STEGER, JOSEPH A.		5.2 NA				
STREET ADDRESS	2624 CLIFTON AVE.			REET ADDRESS			
C-TY - ST - 7IP TITLE	CINCINNATI OH D	X) DECETE	5.4 Ci	TY-\$T- <i>2</i> IP	D Change X	Addition	
NAME	GRADE, JEFFERY T.	W. Orcer	6.2 NA		BROOKS, ROBERT J.		
STREFT ADDRESS	13400 BISHOPS LANE		T.	reet address			
CHIY-SI-ZIP	BROOKFIELD WI 53005			TY-ST-ZIP	MURRYSVILLE PA 15668		
14. I do heret	by certify that the information supplied	I with this filing does not qual	fy for the	exemption	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the		
informatio Lam an of appears in	in indicated on this annual report or s flicer or director of the corporation or in Block 12 or Block 1300 hanged, or	the receiver or trustee empoy on an attachment with an ad	rue and a vered to e dress.	ccurate and xecute this	nd that my signature shall have the same legal effect as if made under o report as required by Chapter 607, Florida Statutes; and that my name	ain; that	

NAME OF PRESIDENT FIDANCE & Treasurer 1/30/97