FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P24360** **(0)**

1. Corporation Name

WILLIAMSPORT WIREROPE WORKS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
100 MAYNARD ST., WILLIAMSPORT PA 17701	100 MAYNARD ST., WILLIAMSPORT PA 17701

3. Date Incorporated or Qualified: **05/16/1989**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **23-2552634** ☐ 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

7. This corporation has paid for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

SECRETARY OF STATE, TALLAHASSEE, FLORIDA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	13.1 TITLE	☐ Change ☐ Addition
NAME	SHEEHAN, JOHN E.	13.2 NAME	
STREET ADDRESS	BAYWOOD RD.	13.3 STREET ADDRESS	
CITY-ST-ZIP	LAUGHLINTOWN PA	13.4 CITY-ST-ZIP	
TITLE	TD	23.1 TITLE	☐ Change ☐ Addition
NAME	ORTEL, KATHLEEN	23.2 NAME	
STREET ADDRESS	918 SUMMIT AVE	23.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	23.4 CITY-ST-ZIP	
TITLE	PD	33.1 TITLE	☒ Change ☐ Addition
NAME	DRUMMOND, LARRY T	33.2 NAME	Larry T Drummond
STREET ADDRESS	201 RODERICK RD	33.3 STREET ADDRESS	No Longer with Company
CITY-ST-ZIP	WILLIAMSPORT PA	33.4 CITY-ST-ZIP	
TITLE	S	43.1 TITLE	☐ Change ☐ Addition
NAME	DIEHL, MARY I	43.2 NAME	
STREET ADDRESS	973 ASH ST	43.3 STREET ADDRESS	
CITY-ST-ZIP	JOHNSONTOWN PA	43.4 CITY-ST-ZIP	
TITLE	CD	53.1 TITLE	☐ Change ☐ Addition
NAME	FUNK, ROBERT	53.2 NAME	
STREET ADDRESS	533 WINDSOR COURT	53.3 STREET ADDRESS	
CITY-ST-ZIP	HUMMELSTOWN PA	53.4 CITY-ST-ZIP	
TITLE	CD	63.1 TITLE	☐ Change ☐ Addition
NAME	COX, ROGER W	63.2 NAME	
STREET ADDRESS	531 BRUNSWICK DR	63.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBURG PA	63.4 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)(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: Roger W Cox 4-24-95 (717) 837-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0496291 FN