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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P24360 (0)

1. Corporation Name
WILLIAMSPORT WIREROPE WORKS, INC.



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

Mailing Address
100 MAYNARD ST.,
WILLIAMSPORT PA 17701-5809

3. Date Incorporated or Qualified 05/16/1989	3a. Date of Last Report 03/21/1996
4. FEI Number 23-2552634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	SHEEHAN, JOHN E.	
STREET ADDRESS	BAYWOOD RD.	
CITY-ST-ZIP	LAUGHLINTOWN PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORTEL, KATHLEEN	
STREET ADDRESS	918 SUMMIT AVE	
CITY-ST-ZIP	JERSEY CITY NJ	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DIEHL, MARY I	
STREET ADDRESS	973 ASH ST	
CITY-ST-ZIP	JOHNSONTOWN PA	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	FUNK, ROBERT	
STREET ADDRESS	533 WINDSOR COURT	
CITY-ST-ZIP	HUMMELSTOWN PA	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	COX, ROGER W	
STREET ADDRESS	531 BRUNSWICK DR	
CITY-ST-ZIP	GREENSBURG PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Roger W Cox
3.4 CITY-ST-ZIP	1206 Faxon Pkwy
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	President/CEO
4.3 STREET ADDRESS	Leonard E Boesger
4.4 CITY-ST-ZIP	746 WASHINGTON Blvd
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Controller
5.3 STREET ADDRESS	John V Pessamato
5.4 CITY-ST-ZIP	14 Valley Heights Drive
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: John V Pessamato Feb 20, 1997 717-327-4217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)