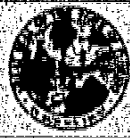


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:26

DOCUMENT # P25328 (6)

1. Corporation Name
AUTOMATION TECHNOLOGY INTERNATIONAL, INC.

Principal Place of Business: **755C LAKESIDE DR WEST
MOBILE AL 36693-5126
US**

Mailing Address: **ATTN: TAX DEPT
PO BOX 3
HOUSTON TX 77001-0003
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/19/1989** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **63-0797164** 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**

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 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: **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	GREEN, M. O
STREET ADDRESS	755 LAKESIDE DR.
CITY - ST - ZIP	MOBILE AL
TITLE	DC
NAME	HARL, R R
STREET ADDRESS	4100 CLINTON DR
CITY - ST - ZIP	HOUSTON TX
TITLE	D
NAME	POPE, L D J
STREET ADDRESS	4100 CLINTON DR
CITY - ST - ZIP	HOUSTON TX
TITLE	S
NAME	ARBOUR, P. W
STREET ADDRESS	4100 CLINTON DR
CITY - ST - ZIP	HOUSTON TX
TITLE	AT
NAME	LOCKWOOD, T. W
STREET ADDRESS	4100 CLINTON DR
CITY - ST - ZIP	HOUSTON TX
TITLE	AS
NAME	FINNEN, M. W
STREET ADDRESS	4100 CLINTON DR
CITY - ST - ZIP	HOUSTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wilkerson, S. C.	
1.3 STREET ADDRESS	4100 Clinton Dr.	
1.4 CITY - ST - ZIP	Houston, TX 77020	
2.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mosely, E. V., III	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *T. W. Lockwood* 3/30/95 713/676-8464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

T. W. Lockwood, Asst. Treasurer