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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:16

DOCUMENT # **P26349** **(1)**

1. Corporation Name
OCME/GRAHAM CORPORATION

Principal Place of Business	Mailing Address
1420 SIXTH AVENUE YORK PA 17403	1420 SIXTH AVENUE YORK PA 17403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/06/1989**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **23-2361327** ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

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

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name is changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	ZANONI, BRUNO	1 2 NAME	
STREET ADDRESS	2200 SUSQUEHANNA TRAIL	1 3 STREET ADDRESS	
CITY-ST-ZIP	YORK PA	1 4 CITY-ST-ZIP	
TITLE	ST	2 1 TITLE	☐ Change ☐ Addition
NAME	KERLIN, WILLIAM H., JR.	2 2 NAME	
STREET ADDRESS	1420 SIXTH AVENUE	2 3 STREET ADDRESS	
CITY-ST-ZIP	YORK PA	2 4 CITY-ST-ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	RUBIE, JEAN F.	3 2 NAME	
STREET ADDRESS	1420 SIXTH AVENUE	3 3 STREET ADDRESS	
CITY-ST-ZIP	YORK PA	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, DONALD C.	4 2 NAME	
STREET ADDRESS	1420 SIXTH AVENUE	4 3 STREET ADDRESS	
CITY-ST-ZIP	YORK PA	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	GATTESCHI, FRANCESCO	5 2 NAME	
STREET ADDRESS	VIA DEL POPOLO 8	5 3 STREET ADDRESS	
CITY-ST-ZIP	43100 PARMA, ITALY	5 4 CITY-ST-ZIP	
TITLE	AST	6 1 TITLE	☒ Change ☐ Addition
NAME	RUTKOWSKI, RICHARD A	6 2 NAME	Rutkowski, Richard A
STREET ADDRESS	1420 SIXTH AVENUE	6 3 STREET ADDRESS	
CITY-ST-ZIP	YORK PA	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)(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: X _____ William H. Kerlin, Jr. 2/15/95 (717)849-4011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0448208 FN