

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 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
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DOCUMENT # P28023 (0)

1. Corporation Name
HENRY PRATT COMPANY



Principal Place of Business 401 S. HIGHLAND AVE. AURORA IL 60506	Mailing Address 401 S. HIGHLAND AVE. AURORA IL 60506
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Tyco Park	2a. Mailing Address 26 One Tyco Park
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Exeter, NH	28 City & State Exeter, NH
24 Zip 03833	25 Country USA
29 Zip 03833	30 Country USA

3. Date Incorporated or Qualified 02/07/1990	3a. Date of Last Report 04/19/1996
4. FEI Number 36-3658415	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEMAY STARK ENTERPRISE, INC.
13947 GERANIUM PL.
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
83
84 City Plantation
85 Zip Code FL 33324

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 *Barbara S. Miller* *8/28/97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CTL	<input checked="" type="checkbox"/> DELETE
NAME	BERGER, RANDY L.	
STREET ADDRESS	401 SOUTH HIGHLAND AVENUE	
CITY-ST-ZIP	AURORA IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dale B. Smith	
1.3 STREET ADDRESS	44 Mayflower Drive	
1.4 CITY-ST-ZIP	East Greenwich, RI	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Irving Gutin	
2.3 STREET ADDRESS	4 Pond Path	
2.4 CITY-ST-ZIP	North Hampton, NH 03862	
3.1 TITLE	SEC AND VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bernard J. Doherty	
3.3 STREET ADDRESS	22 Quarterdeck Lane	
3.4 CITY-ST-ZIP	Newcastle, NH 03854	
4.1 TITLE	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Barbara S. Miller	
4.3 STREET ADDRESS	135B Market Street	
4.4 CITY-ST-ZIP	Portsmouth, NH 03801	
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 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: *Barbara S. Miller* TREASURER 9-15-97 603-778-9700

CR2E034 (4/97)