

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28339 (0)

1. Corporation Name
AMERACE CORPORATION

Principal Place of Business
16228 FLIGHT PATH DRIVE
BROOKSVILLE FL 34609

Mailing Address
1555 LYNNFIELD ROAD
MEMPHIS TN 38119

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Amerace Corporation Suite, Apt. #, etc. 22 16228 Flight Path Drive City & State 23 Brooksville, FL Zip 24 34609		2a. Mailing Address 26 Amerace Corporation Suite, Apt. #, etc. 27 8155 Thomas & Betts Blvd. City & State 28 Memphis, TN Zip 29 38125		3. Date Incorporated or Qualified 03/02/1990		4. FEI Number 13-3240682 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		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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	
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ELLIOTT, ROBERT TWO NORTH RIVERSIDE PLAZA, SUITE 1100 CHICAGO IL	1.1 TITLE	Secretary Janice H. Way 8155 T&B BLVD. MEMPHIS TN 38125
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CEO MOORE, CLYDE 1555 LYNNFIELD ROAD MEMPHIS TN 38119	2.1 TITLE	CEO MOORE, CLYDE R. 8155 T&B BLVD. MEMPHIS TN 38125
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P LANGSTON, GREGORY 1555 LYNNFIELD ROAD MEMPHIS TN 38119	3.1 TITLE	PRES. & COO LANGSTON, GREGORY M. 8155 T&B BLVD. MEMPHIS TN 38125
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP ELLIS, CHARLES 1555 LYNNFIELD ROAD MEMPHIS TN 38119	4.1 TITLE	VP ELLIS, CHARLES 8155 T&B BLVD. MEMPHIS TN 38125
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VP JONES, ELLIS 1555 LYNNFIELD ROAD MEMPHIS TN 38119	5.1 TITLE	VP JONES, FRED R. 8155 T&B BLVD. MEMPHIS TN 38125
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VP KRONENBERG, JERRY 1555 LYNNFIELD ROAD MEMPHIS TN 38119	6.1 TITLE	VP KRONENBERG, JERRY 8155 T&B BLVD. MEMPHIS TN 38125
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Janice H. Way Janice H. Way 3/10/98 901-252-8000

CR2E034 (10/97)