

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

FILED
May 19 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 # P28686 (4)

1. Corporation Name
GUARANTEE ELECTRICAL COMPANY



Principal Place of Business: **3405 BENT ST. LOUIS MO 63116**

Mailing Address: **3405 BENT ST. LOUIS MO 63116-2601**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1990	3a. Date of Last Report 05/01/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 43-0303610		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OERTLI, CHARLES W.	1.2 NAME	
STREET ADDRESS	9531 SUNNY CREEK	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OERTLI, FRED G.	2.2 NAME	
STREET ADDRESS	11 CLERMONT LA.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OERTLI, THELMA C.	3.2 NAME	
STREET ADDRESS	12345 MENTZ HILL RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	3.4 CITY - ST - ZIP	
TITLE	TAS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERTZLUFFT, DOUGLAS	4.2 NAME	
STREET ADDRESS	910 PEACE HAVEN DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OERTLI, ROBERT	5.2 NAME	
STREET ADDRESS	12345 MENTZ HILL RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OERTLI, RICHARD A.	6.2 NAME	
STREET ADDRESS	221 JOY AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	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: *Douglas Mertzluft* **REQUIRED** **4/29/97 314-7725408**

CR2E034 (9/96)

Utica Mutual Insurance Company

(Officers and Directors Continuation Sheet)

D

**Beeching, Charles T., Jr., Esq.
153 Lookout Circle
Camillus, NY 13209**

D

**Calligaris, Alfred E.
210 Dry Hill road
Watertown, NY 13601**

D

**Cardia, Roy A.
70 Pierson Avenue
Norwood, NJ 07648**

D

**Clark, Richard G.
4720 East Lake Road
Cazenovia, NY 13032**

D

**Cleave, James H.
255 Nottingham Terrace
Buffalo, NY 14209**

D

**Harden, David E.
3 Fairway Drive
McConnellsville, NY 13401**

D

**Hartman, Jerry J.
13 Blenmont Court
Phoenix, MD 21131**

D

**Ladds, Herbert P., Jr.
14 Chapin Parkway
Buffalo, NY 14209**

D

**Matt, F. X., II
130 Paris Road
New Hartford, NY 13413**

D

**Romano, Linda E.
4 Old Willow Road
New Hartford, NY 13413**

D

**Worner, Jacob E.
4371 Tam-O-Shanter Way
Kettering, OH 45429**

Graphic Arts Mutual Insurance Company

(Officers and Directors Continuation Sheet)

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210 Dry Hill road
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70 Pierson Avenue
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Clark, Richard G.
4720 East Lake Road
Cazenovia, NY 13035

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McConnellsville, NY 13401

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Hartman, Jerry J.
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Ladds, Herbert P., Jr.
14 Chapin Parkway
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Westphalen, Henry, Jr.
237 Tappan Road
Norwood, NJ 07648

D

Worner, Jacob E.
4371 Tam-O-Shanter Way
Kettering, OH 45429