


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

FILED
Jun 17 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 # **P35501** (6)

1. Corporation Name
JAMES HARDIE IRRIGATION, INC.

Principal Place of Business

**27671 LA PAZ
LAGUNA NIGUEL CA 92656**

Mailing Address

**241 RIDGE ST
4TH FLOOR
RENO NV 89501-2028
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1991		3a. Date of Last Report 02/27/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 88-0268383		<input type="checkbox"/> Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 PINE ISLAND RD.
PLANTATION FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAROD RICK	1.2 NAME	
STREET ADDRESS	27671 LA PAZ	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92656	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORGARDT, BRYON G	2.2 NAME	Stephen Wolfe
STREET ADDRESS	28300 LAALAMEDA STE 250	2.3 STREET ADDRESS	8111 Lyndale Av. S.
CITY-ST-ZIP	MISSION VIEJO CA	2.4 CITY-ST-ZIP	Bloomington, MN 55420
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN KARL	3.2 NAME	J. Lawrence McIntyre
STREET ADDRESS	27671 LA PAZ	3.3 STREET ADDRESS	8111 Lyndale Av. S.
CITY-ST-ZIP	LAGUNA NIGUEL CA 92656	3.4 CITY-ST-ZIP	Bloomington, MN 55420
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDONALD, PETER	4.2 NAME	J. David McIntosh
STREET ADDRESS	28300 LA ALAMEDA STE 250	4.3 STREET ADDRESS	8111 Lyndale Av. S.
CITY-ST-ZIP	MISSION VIEJO CA	4.4 CITY-ST-ZIP	Bloomington, MN 55420
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, 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: **J. Lawrence McIntyre** 5/30/96 (612) 887-8059

CP2E034 (9/96)