

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

FILED
Apr 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 # P36634 (4)
1. Corporation Name
WILKINSON MANUFACTURING COMPANY

Principal Place of Business 12TH & MADISON ST FT. CALHOUN NE 68023 US	Mailing Address PO BOX 490 FT. CALHOUN NE 68023-0490 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/11/1991	
				4. FEI Number 47-0366161	
				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 type="checkbox"/> 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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	CDT	ARCOOSH, FRED G., SR	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		ARCOOSH, FRED G., SR		1.2 NAME			
STREET ADDRESS		9629 HARNEY PARKWAY SO.		1.3 STREET ADDRESS			
CITY-ST-ZIP		OMAHA NE		1.4 CITY-ST-ZIP			
TITLE	DVS	ARCOOSH, OLIVE V.	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		ARCOOSH, OLIVE V.		2.2 NAME			
STREET ADDRESS		9629 HARNEY PARKWAY SO.		2.3 STREET ADDRESS			
CITY-ST-ZIP		OMAHA NE		2.4 CITY-ST-ZIP			
TITLE	PD	ARCOOSH, FRED G., JR.	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		ARCOOSH, FRED G., JR.		3.2 NAME			
STREET ADDRESS		10024 FIELDCREST DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP		OMAHA NE		3.4 CITY-ST-ZIP			
TITLE	D	CARUSO, SUZANNE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		CARUSO, SUZANNE		4.2 NAME			
STREET ADDRESS		1313 S 101ST ST, NUMBER 2		4.3 STREET ADDRESS	9629 Harney Parkway South		
CITY-ST-ZIP		OMAHA NE		4.4 CITY-ST-ZIP	Omaha, Ne 68114		
TITLE	D	ARCOOSH, VALERIE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		ARCOOSH, VALERIE D		5.2 NAME			
STREET ADDRESS		5 WILLINGS ALLEY		5.3 STREET ADDRESS	530 Spring Lane		
CITY-ST-ZIP		PHILADELPHIA PA		5.4 CITY-ST-ZIP	Wyndmoore, PA 19038		
TITLE			<input type="checkbox"/> DELETE	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 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 to this report.

SIGNATURE:

4/15/98

402 468-5511

CR2E034 (10/97)