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Apr 09 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 # **P37630** (1)
1. Corporation Name
CM/COMPOSITE MATERIALS INC.

Principal Place of Business 14530 SO ANSON AVE SANTA FE SPRINGS CA 90670 US	Mailing Address P O BOX 3448 SANTA FE SPRINGS CA 90670 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1992	
21		26		4. FEI Number 57-0852085	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH 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

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

OFFICERS AND DIRECTORS

12.	TITLE	P	<input checked="" type="checkbox"/> DELETE
	NAME	FULLER, MARVIN B	
	STREET ADDRESS	14530 S ANSON AVE	
	CITY-ST-ZIP	SANTA FE SPRINGS CA	
	TITLE	CFO	<input type="checkbox"/> DELETE
	NAME	EBERSOLE, SCOTT	
	STREET ADDRESS	14530 S ANSON AVE.	
	CITY-ST-ZIP	SANTA FE SPRINGS CA	
	TITLE	V	<input type="checkbox"/> DELETE
	NAME	HOLLAND, RICHARD	
	STREET ADDRESS	14530 S. ANSON AVE	
	CITY-ST-ZIP	SANTA FE SPRINGS CA	
	TITLE	VP	<input checked="" type="checkbox"/> DELETE
	NAME	LENETT, JEFF	
	STREET ADDRESS	14530 SA NASON AVE	
	CITY-ST-ZIP	SANTA FE SPRINGS CA	
	TITLE	VP	<input checked="" type="checkbox"/> DELETE
	NAME	WATSON, P. S.	
	STREET ADDRESS	19105 63RD AVENUE N.E.	
	CITY-ST-ZIP	ARLINGTON WA	
	TITLE	VP	<input checked="" type="checkbox"/> DELETE
	NAME	SHREVE, TERRY	
	STREET ADDRESS	2701 W VIRGINIA	
	CITY-ST-ZIP	PHOENIX AZ	

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Larry Len	
1.3 STREET ADDRESS	14530 S. Anson Ave.	
1.4 CITY-ST-ZIP	Santa Fe Springs, CA 90670	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Paul Colonna	
2.3 STREET ADDRESS	14530 S. Anson Ave.	
2.4 CITY-ST-ZIP	Santa Fe Springs, CA 90670	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 in an attachment with an address

SIGNATURE:

Scott Ebersole CFO Scott Ebersole 4/3/98

CR2E034 (10/97)