

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

FILED

Apr 22 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 # P37668 (1)  
1. Corporation Name  
WINCUP HOLDINGS, INC.

Principal Place of Business  
7980 WEST BUCKEYE ROAD  
PHOENIX AZ 85043

Mailing Address  
7980 WEST BUCKEYE ROAD  
PHOENIX AZ 85043-4016



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1992	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.		26 3 Radnor Corporate Center		4. FEI Number 86-0689193	Applied For Not Applicable
22 City & State		27 Suite 300, 100 Matsonford Rd		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Radnor, PA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 19087		30 DSA	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 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, MICHAEL T.	1.2 NAME	
STREET ADDRESS	735 CHESTERBROOK BL.305A	1.3 STREET ADDRESS	3 Radnor Corporate Center, St 300
CITY- ST- ZIP	WAYNE PA	1.4 CITY- ST- ZIP	Radnor, PA 19087
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKIFF, JOHN	2.2 NAME	
STREET ADDRESS	7980 WEST BUCKEYE ROAD	2.3 STREET ADDRESS	3 Radnor Corporate Center, St 300
CITY- ST- ZIP	PHOENIX AZ 85043	2.4 CITY- ST- ZIP	Radnor, PA 19087
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNSINGER, RICHARD	3.2 NAME	
STREET ADDRESS	7980 WEST BUCKEYE ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	PHOENIX AZ 85043	3.4 CITY- ST- ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, DON	4.2 NAME	
STREET ADDRESS	7980 WEST BUCKEYE ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	PHOENIX AZ 85043	4.4 CITY- ST- ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKELVEY, JOHN	5.2 NAME	
STREET ADDRESS	7980 WEST BUCKEYE ROAD	5.3 STREET ADDRESS	
CITY- ST- ZIP	PHOENIX AZ 85043	5.4 CITY- ST- ZIP	
TITLE	VP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENZA, MICHAEL	6.2 NAME	
STREET ADDRESS	7980 WEST BUCKEYE ROAD	6.3 STREET ADDRESS	3 Radnor Corporate Center, St 300
CITY- ST- ZIP	PHOENIX AZ 85043	6.4 CITY- ST- ZIP	Radnor, PA 19087

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-4-97 (610)  
341-9600

CR2E034 (9/96)