

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90117 045 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P37668**

1. Corporation Name  
**WINCUP HOLDINGS, INC.**

Principal Place of Business  
 7980 WEST BUCKEYE ROAD  
 PHOENIX AZ 85043

Mailing Address  
 3 RADNOR CORPORATE CENTER  
 SUITE 300, 100 MATSONFORD RD  
 RADNOR PA 19087  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/27/1992</b>	Applied For Not Applicable
4. FEI Number <b>86-0699193</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	KENNEDY, MICHAEL T.
STREET ADDRESS	3 RADNOR CORPORATE CENTER, ST 300
CITY-ST-ZIP	RADNOR PA
TITLE	AS <input type="checkbox"/> DELETE
NAME	GARRITY, VINCENT F.
STREET ADDRESS	ONE LIBERTY PL
CITY-ST-ZIP	PHILADELPHIA PA 19103
TITLE	VP <input type="checkbox"/> DELETE
NAME	HUNSINGER, RICHARD
STREET ADDRESS	7980 WEST BUCKEYE ROAD
CITY-ST-ZIP	PHOENIX AZ 85043
TITLE	VP <input type="checkbox"/> DELETE
NAME	WALKER, DON
STREET ADDRESS	7980 WEST BUCKEYE ROAD
CITY-ST-ZIP	PHOENIX AZ 85043
TITLE	VP <input type="checkbox"/> DELETE
NAME	MCKELVEY, JOHN
STREET ADDRESS	7980 WEST BUCKEYE ROAD
CITY-ST-ZIP	PHOENIX AZ 85043
TITLE	VP <input type="checkbox"/> DELETE
NAME	VALENZA, MICHAEL
STREET ADDRESS	3 RADNOR CORPORATE CENTER, ST 300
CITY-ST-ZIP	RADNOR PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Caroline J. Williamson
1.3 STREET ADDRESS	3 Radnor Corporate Center Ste 300
1.4 CITY-ST-ZIP	Radnor, Pa. 19087
2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	R. Radcliffe Hastings
2.3 STREET ADDRESS	3 Radnor Corporate Center, Ste 300
2.4 CITY-ST-ZIP	Radnor, Pa. 19087
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)(l), 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, with all other like empowered.

**SIGNATURE:** Michael V. Valenza, Vice President Finance 1/19/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)