


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

FILED
Mar 25 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 # **P39208** (4)
1. Corporation Name
ELSAG BAILEY, INC.

Principal Place of Business
**29801 EULLID AVE.
WICKLIFFE OH 44092**

Mailing Address
**29801 EULLID AVE.
WICKLIFFE OH 44092**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-1911942	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 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 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
				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	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNATELLI, V	1.2 NAME	
STREET ADDRESS	30100 CHAGRIN BLVDSTE101	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEPPER PIKE OH	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHARNA, M.N.	2.2 NAME	
STREET ADDRESS	37259 HARLON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOUGHBY OH	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOLBERT, G.	3.2 NAME	
STREET ADDRESS	6858 BURGUNDY NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. CANTON OH	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTO, MARK V.	4.2 NAME	
STREET ADDRESS	8779 PHEASANT LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KIRTLAND OH	4.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Assistant Secretary AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROLL, CATHERINE A	5.2 NAME	George W. Hawk
STREET ADDRESS	29801 EUCLID AVE	5.3 STREET ADDRESS	29801 Euclid Avenue
CITY-ST-ZIP	WICKLIFFE OH	5.4 CITY-ST-ZIP	Wickliffe, Ohio 44092
TITLE	TO <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Tax Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHRT, MICHELE	6.2 NAME	ANDREW M. HAUS
STREET ADDRESS	29801 EUCLID AVE	6.3 STREET ADDRESS	29801 EUCLID AVENUE
CITY-ST-ZIP	WICKLIFFE OH	6.4 CITY-ST-ZIP	WICKLIFFE, OHIO 44092

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 with an address.

CR2E034 (10/97)