


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90190 004 \*\*\*150.00

0563909

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P39208**  
 1. Corporation Name  
**ELSAG BAILEY, INC.**

Principal Place of Business 29801 EUCLID AVE. WICKLIFFE OH 44092	Mailing Address Euclid 29801 EUCLID AVE. WICKLIFFE OH 44092
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 29801 Euclid Ave. City & State 23 Wickliffe, OH Zip 24 44092	2a. Mailing Address 26 Suite, Apt. #, etc. 27 29801 Euclid Ave. City & State 28 Wickliffe, OH Zip 29 44092
--	---

3. Date Incorporated or Qualified <b>06/10/1992</b>	4. FEI Number <b>38-1911942</b>	Applied For <input type="checkbox"/> Not Applicable
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		

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	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CANNATELLI, V	
STREET ADDRESS	30100 CHAGRIN BLVDSTE101	
CITY-ST-ZIP	PEPPER PIKE OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZAHARNA, M.N.	
STREET ADDRESS	37259 HARLON DRIVE	
CITY-ST-ZIP	WILLOUGHBY OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOOLBERT, G.	
STREET ADDRESS	6858 BURGUNDY NW	
CITY-ST-ZIP	N. CANTON OH	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SANTO, MARK V.	
STREET ADDRESS	8779 PHEASANT LANE	
CITY-ST-ZIP	KIRTLAND OH	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HAWK, GEORGE W	
STREET ADDRESS	29801 EUCLID AVE	
CITY-ST-ZIP	WICKLIFFE OH 44092	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	HAUS, ANDREW	
STREET ADDRESS	29801 EUCLID AVE	
CITY-ST-ZIP	WICKLIFFE OH 44092	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Group Vice President, Sys	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hartmut Wuttig	
1.3 STREET ADDRESS	29801 Euclid Ave.	
1.4 CITY-ST-ZIP	Wickliffe, OH 44092	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	Regional Controller, Americas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert A. Delumyea	
4.3 STREET ADDRESS	29801 Euclid Ave.	
4.4 CITY-ST-ZIP	Wickliffe, OH 44092	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Forrester, Traci	
5.3 STREET ADDRESS	29801 Euclid Ave.	
5.4 CITY-ST-ZIP	Wickliffe, OH 44092	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Andrew Haus RE ANDREW HAUS Date: 4/9/99 Daytime Phone #: (440) 585-8199

CR2E034 (11/98)

**Elsag Bailey, Inc.**  
Officer and Director Listing  
April 1, 1999

P39208  
447841-90190-4

**Directors**

<b>Name</b>	<b>Title</b>	<b>Business Address</b>
Mike N. Zaharna	Director	29801 Euclid Avenue Wickliffe OH 44092
Hartmut Wuttig	Director	29801 Euclid Avenue Wickliffe OH 44092

**Officers**

<b>Name</b>	<b>Title</b>	<b>Business Address</b>
Mike N. Zaharna	Group Executive Vice President, Chief Operating Officer	29801 Euclid Avenue Wickliffe OH 44092
Hartmut Wuttig	Group Vice President, Systems	29801 Euclid Avenue Wickliffe OH 44092
Traci Forrester	Assistant Secretary	29801 Euclid Avenue Wickliffe OH 44092
Robert A. Delumyea	Regional Controller, Americas	29801 Euclid Avenue Wickliffe OH 44092
Andrew M. Haus	Tax Officer	29801 Euclid Avenue Wickliffe OH 44092

**NOTE:**

Our Company is currently going through an acquisition process.  
Elsag Bailey Inc. is the acquired company.  
It is questionable whether the above officers will remain intact.  
We will advise you of any changes as they become known.