

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

FILED
Apr 23 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 # **P93000065310 (3)**

1. Corporation Name
MASSIE TOOL, MOLD & DIE, INC.

Principal Place of Business
**501 MOSSIDE BLVD
NORTH VERSAILLES PA 15137
US**

Mailing Address
**501 MOSSIDE BLVD.
NORTH VERSAILLES PA 15137
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1993	
21		26		4. FEI Number 54-1683716	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution <input type="checkbox"/>	
23 North Versailles, PA		28 North Versailles, PA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC.		81 Name	
1201 HAYS STREET		82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 105		83	
TALLAHASSEE FL 32301		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 *Gregory R. Conley* **3/13/98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE		1.1 TITLE	Vice President/CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KRAMER, RICHARD L			1.2 NAME	Gregory R. Conley		
STREET ADDRESS	1430 BROADWAY, 13TH FLOOR			1.3 STREET ADDRESS	501 Mosside Blvd.		
CITY-ST-ZIP	NEW YORK NY			1.4 CITY-ST-ZIP	North Versailles, PA 15137		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REMLEY, WILLIAM L			2.2 NAME			
STREET ADDRESS	1430 BROADWAY, 13TH FLOOR			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			2.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFFMAN, RICHARD C			3.2 NAME			
STREET ADDRESS	1430 BROADWAY, 13TH FLOOR			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			3.4 CITY-ST-ZIP			
TITLE	PCEO	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEEKS, JOHN R			4.2 NAME			
STREET ADDRESS	501 MOSSIDE BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH VERSAILLES PA			4.4 CITY-ST-ZIP			
TITLE	C	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORNAK, MICHAEL D			5.2 NAME			
STREET ADDRESS	501 MOSSIDE BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH VERSAILLES PA			5.4 CITY-ST-ZIP			
TITLE	VPOM	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARRELL, MICHAEL M			6.2 NAME			
STREET ADDRESS	501 MOSSIDE BLVD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH VERSAILLES PA			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.

SIGNATURE: *Gregory R. Conley* **GREGORY R. CONLEY** **4/6/98** (412) 823-2100

CR2E034 (10/97)