SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)DOCUMENT # 820445 INTERNATIONAL CHIMNEY CORPORATION Principal Place of Business Mailing Address 55 SO LONG ST 55 SO LONG ST P O BOX 260 P O BOX 260 BUFFALO NY 14231-0260 3a. Date of Last Report BUFFALO NY 14231-0260 3. Date incorporated or Qualified 04/21/1995 05/12/1967 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 16-0850893 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032. Country Country Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 62 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE (NOTE Registered Agout signal increquired when resolution) SIGNATURE Signature, typed or prints tiname of registered agent and the Lapplication ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 1 1 TITLE TITLE CR2E034 1.2 NAME WILFRIED J. GUNTERMANN NAME 1.3 STREET ADDRESS 16479 PARKER RD. STREET ADDRESS 1.4 CITY - ST - ZIP LOCKPORT IL Change Addition CITY-ST-ZiP DELETÉ 21 TallE PD TITLE 22 NAME LOHR, RICHARD NAME 2 3 STREET ADDRESS 435 MAIN ST STREET ADDRESS 2 4 CITY - S1 - 7/P YOUNGSTOWN NY CITY - ST - ZIP Change Addition DELETE 3 1 TITLE STD TITLE 3 2 NAME BRAND, EUGENE J. NAME 3.3 STREET ADDRESS 90 SWANSON TERR. STREET ADDRESS WILLIAMSVILLE NY 3.4. CITY - ST - ZiP CITY-ST-ZIP Change Addition DELETE 41 IIILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - ZIF Change Addition DELETE 51 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TIFLE TITLE 6.2 NAME NAME STREET ADDRESS 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(3)(k). 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 triis report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 64 CITY - ST - ZIP

SIGNATURE AND THE OF PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

NIEROZO EK

716-634-3967