

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

FILED
May 20 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 # 846400 (0)

1. Corporation Name **E.I.L. INSTRUMENTS, INC.**

clo Energy Controls International

Principal Place of Business 10946A GOLDEN WEST DR HUNT VALLEY MD 21031	Mailing Address 10946A GOLDEN WEST DR HUNT VALLEY MD 21031
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10946 Golden West Dr. Suite, Apt. #, etc. 22 Suite 130 City & State 23 Hunt Valley, MD Zip 24 21031	2a. Mailing Address 26 10946 Golden West Dr. Suite, Apt. #, etc. 27 Suite 130 City & State 28 Hunt Valley, MD Zip 29 21031
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3. Date Incorporated or Qualified 07/01/1980	4. FEI Number 52-0905723	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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
			FL	

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	D	<input checked="" type="checkbox"/> DELETE
NAME	DICAMILLO, GARY	
STREET ADDRESS	10946-A GOLDEN W. DR.	
CITY-ST-ZIP	HUNT VALLEY MD	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCMILLAN, TIMOTHY	
STREET ADDRESS	10946A GOLDEN W. DR.	
CITY-ST-ZIP	HUNT VALLEY MD	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	RICE, HALLIE P.	
STREET ADDRESS	316 TREE TOPS RD.	
CITY-ST-ZIP	PASADENA MD	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOODSIDE, SAMUEL T.	
STREET ADDRESS	5815 MEADOWOOD RD.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HESSEY, MAHLON W.	
STREET ADDRESS	13 S. CHAPEL RIDGE RD.	
CITY-ST-ZIP	TIMONIUM MD	
TITLE	VPF	<input type="checkbox"/> DELETE
NAME	VAILE, ERNEST J	
STREET ADDRESS	206 N TYRONE	
CITY-ST-ZIP	BALTIMORE MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Keith K. Rice	
1.3 STREET ADDRESS	10946 Golden West Dr. #130	
1.4 CITY-ST-ZIP	Hunt Valley, MD 21031	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Patrick F. Fitzgerald	
2.3 STREET ADDRESS	10946 Golden West Dr. #130	
2.4 CITY-ST-ZIP	Hunt Valley, MD 21031	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Patrick F. Fitzgerald	
3.3 STREET ADDRESS	10946 Golden West Dr. #130	
3.4 CITY-ST-ZIP	Hunt Valley, MD 21031	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Keith K. Rice	
4.3 STREET ADDRESS	10946 Golden West Dr. #130	
4.4 CITY-ST-ZIP	Hunt Valley, MD 21031	
5.1 TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Susan M. Howard	
5.3 STREET ADDRESS	10946 Golden West Dr. #130	
5.4 CITY-ST-ZIP	Hunt Valley, MD 21031	
6.1 TITLE	VP Finance Director	<input checked="" 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.

SIGNATURE: *[Signature]* **ERNEST J VAILE** 4/30/98 410-403-4000

CR2E034 (10/97)