

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

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000333 (2)
 1. Corporation Name
PILLER, INC.



Principal Place of Business 3949 SCHELDEN CIR BETHLEHEM PA 18017	Mailing Address 3949 SCHELDEN CIR BETHLEHEM PA 18017-8936
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date incorporated or Qualified 01/19/1996	3a. Date of Last Report
4. FEI Number 52-1695869	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" 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	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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSV HILTON, JOSEPH	1.1 TITLE	PDS Hilton, Joseph
NAME	3949 SCHELDEN CIR	1.2 NAME	3949 Schelden Circle
STREET ADDRESS	BETHLEHEM PA 18017	1.3 STREET ADDRESS	Bethlehem, PA 18017
CITY - ST - ZIP	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	GM HILTON, JOSEPH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3949 SCHELDEN CIR	2.2 NAME	
STREET ADDRESS	BETHLEHEM PA 18017	2.3 STREET ADDRESS	
CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	
TITLE	DTSV MCNICHOLAS, THOMAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3949 SCHELDEN CIR	3.2 NAME	
STREET ADDRESS	BETHLEHEM PA 18017	3.3 STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
TITLE	V MCKENNA, PETER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3949 SCHELDEN CIR	4.2 NAME	
STREET ADDRESS	BETHLEHEM PA 18017	4.3 STREET ADDRESS	
CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
TITLE	S DAVIS, BRUCE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3949 SCHELDEN CIR	5.2 NAME	
STREET ADDRESS	BETHLEHEM PA 18017	5.3 STREET ADDRESS	
CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
TITLE	DC WESTPHAL, KLAUS DR	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABGUNST 24	6.2 NAME	
STREET ADDRESS	OSTERODE AM HARZ, GERMANY	6.3 STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP	

14. I do 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:  4/17/97 610-865-1752

CR2E034 (9/96)