

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

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P14085** (5)

1. Corporation Name  
**KLOCKNER NAMASCO CORPORATION**



Principal Place of Business <b>P.O. BOX 5116 TAMPA FL 33675-5116</b>	Mailing Address <b>P.O. BOX 5116 TAMPA FL 33675-5116</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/17/1987</b>	3a. Date of Last Report <b>03/15/1996</b>
21. Suite, Apt. #, etc.	26. <b>666 OLD COUNTRY RD</b>	4. FEI Number <b>38-2046626</b>	Applied For Not Applicable		
22. City & State	27. <b>GARDEN CITY</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required		
23. Zip <b>33605</b> Country	28. <b>GARDEN CITY</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees		
24. <b>25</b>	29. <b>33050</b>	30. <b>30</b>	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 <b>HOERSCHGENS, ARNO W. 907 S 20TH STREET TAMPA FL 33605</b>		10. Name and Address of New Registered Agent	
		81. Name <b>JAMES BOEDEKER</b>	
		82. Street Address (P.O. Box Number is Not Acceptable) <b>907 S 20 STREET</b>	
		83.	
		84. City <b>TAMPA</b>	85. Zip Code <b>FL 33605</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 *James B. Boedecker* (NOTE: Registered Agent signature required when reinstating) DATE **4/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>MUESEERS, RAIMUND</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MUESEERS, RAIMUND</b>		1.2 NAME <b>MUESERS, RAIMUND</b>	
STREET ADDRESS <b>666 OLD COUNTRY ROAD</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>GARDEN CITY NY</b>		1.4 CITY - ST - ZIP	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KOOPMAN, UDO W.</b>		2.2 NAME	
STREET ADDRESS <b>666 OLD COUNTRY ROAD</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>GARDEN CITY NY</b>		2.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KLAUS, AGTHE DR.</b>		3.2 NAME	
STREET ADDRESS <b>666 OLD COUNTRY ROAD</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>GARDEN CITY NY</b>		3.4 CITY - ST - ZIP	
TITLE <b>VTS</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BUDENBENDER, GEORGE</b>		4.2 NAME	
STREET ADDRESS <b>666 OLD COUNTRY ROAD</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>GARDEN CITY NY</b>		4.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>REEVES, BERNIE</b>		5.2 NAME	
STREET ADDRESS <b>666 OLD COUNTRY ROAD</b>		5.3 STREET ADDRESS	
CITY - ST - ZIP <b>GARDEN CITY NY</b>		5.4 CITY - ST - ZIP	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MUELLER, FRIEDRICK W</b>		6.2 NAME <b>ROLAND STRASSBURGER</b>	
STREET ADDRESS <b>666 OLD COUNTRY ROAD</b>		6.3 STREET ADDRESS <b>666 OLD COUNTRY RD</b>	
CITY - ST - ZIP <b>GARDEN CITY NY</b>		6.4 CITY - ST - ZIP <b>GARDEN CITY NY</b>	

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4-3-97 (516) 237-6912**

CR2E034 (9/96)