

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

FILED

**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19397 (9)
1. Corporation Name
MEMTEC AMERICA CORPORATION



Principal Place of Business: **C/O ACCOUNTING CONTROLLER 1750 MEMTEC DR. DELAND FL 32724**
Mailing Address: **C/O ACCOUNTING CONTROLLER 1750 MEMTEC DR. DELAND FL 32724-2000**

3. Date Incorporated or Qualified: **05/26/1988**
3a. Date of Last Report: **03/04/1996**
4. FEI Number: **36-3460013**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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; 30

9. Name and Address of Current Registered Agent
**HAGAN, TOM
246 CROOKED TREE TRAIL
DELAND FL 32724**

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 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in 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: *Thomas F. Hagan* (NOTE: Registered Agent signature required when reinstating) DATE: **1/16/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAGAN, TOM	
STREET ADDRESS	246 CROOKED TREE TRAIL	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HANLEY, DENIS H	
STREET ADDRESS	5 HOWARD PLACE	
CITY-ST-ZIP	CASTLE HILL AU	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RILEY, RONALD T	
STREET ADDRESS	10317 PADDINGTON CT.	
CITY-ST-ZIP	ELLCOT CITY MD 21042	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DENVER, ANDREW	
STREET ADDRESS	32 HALE ST.	
CITY-ST-ZIP	ST. IVES AU	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HANLEY, GARY	
STREET ADDRESS	12 WANDWORTH BRIDGE WAY	
CITY-ST-ZIP	LUTHERVILLE MD 21093	
TITLE	S	<input type="checkbox"/> DELETE
NAME	O'NEILL, KEVIN	
STREET ADDRESS	2909 RUECKERT AVE.	
CITY-ST-ZIP	BALTIMORE MD 21214	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in this filing or in an attachment with an address.

SIGNATURE: *Thomas F. Hagan* **THOMAS F. HAGAN** DATE: **1/16/97** DAYTIME PHONE #: **904 822 8000**

CFR2E034 (9/96)