

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

MAY - 1 AM 3:58
APPROVED
SECRETARY OF STATE AND
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P24360 (0)

1. Corporation Name
WILLIAMSPORT WIREROPE WORKS, INC.

Principal Place of Business Mailing Address
100 MAYNARD ST., WILLIAMSPORT PA 17701 **100 MAYNARD ST., WILLIAMSPORT PA 17701**

3. Date Incorporated or Qualified **05/16/1989** 3a. Date of Last Report **04/05/1999**
4. FEI Number **23-2552634** Applied For Not Applicable
5. Certificate of Status Desired Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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 reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, JOHN E.	1.2 NAME	
STREET ADDRESS	BAYWOOD RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAUGHLINTOWN PA	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEL, KATHLEEN	2.2 NAME	
STREET ADDRESS	918 SUMMIT AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	JERSEY CITY NJ	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUMMOND, LARRY T	3.2 NAME	Larry T Drummond
STREET ADDRESS	201 RODERICK RD	3.3 STREET ADDRESS	No longer with company
CITY - ST - ZIP	WILLIAMSPORT PA	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEHL, MARY I	4.2 NAME	
STREET ADDRESS	973 ASH ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	JOHNSONTOWN PA	4.4 CITY - ST - ZIP	
TITLE	CD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNK, ROBERT	5.2 NAME	
STREET ADDRESS	533 WINDSOR COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	HUMMELSTOWN PA	5.4 CITY - ST - ZIP	
TITLE	CD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, ROGER W	6.2 NAME	
STREET ADDRESS	531 BRUNSWICK DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBURG PA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Roger Cox* **424-95 (717) 927-4211**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR