

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P24360 (0)**

1. Corporation Name
WILLIAMSPORT WIREROPE WORKS, INC.



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

2. Principal Place of Business: 21
22 City & State: 22
23 Zip: 23 Country: 25
2a. Mailing Address: 26
27 City & State: 27
28 Zip: 28 Country: 29

3. Date Incorporated or Qualified: **05/16/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **23-2552634**
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	SHEEHAN, JOHN E.	
STREET ADDRESS	BAYWOOD RD.	
CITY, ST, ZIP	LAUGHLINTOWN PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORTEL, KATHLEEN	
STREET ADDRESS	918 SUMMIT AVE	
CITY, ST, ZIP	JERSEY CITY NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIEHL, MARY I	
STREET ADDRESS	973 ASH ST	
CITY, ST, ZIP	JOHNSONTOWN PA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FUNK, ROBERT	
STREET ADDRESS	533 WINDSOR COURT	
CITY, ST, ZIP	HUMMELSTOWN PA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	COX, ROGER W	
STREET ADDRESS	531 BRUNSWICK DR	
CITY, ST, ZIP	GREENSBURG PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 19.07(3)(k), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: *Roger W Cox* **Roger W Cox** 3/12/96 717-327-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)