


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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90051 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24360

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1989	
21		26		4. FEI Number 23-2552634	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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 607.0502 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, JOHN E.	1.2 NAME	
STREET ADDRESS	BAYWOOD RD.	1.3 STREET ADDRESS	1928 Carrollton Rd.
CITY-ST-ZIP	LAUGHLINTOWN-PA	1.4 CITY-ST-ZIP	Annapolis MD 21401
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEL, KATHLEEN	2.2 NAME	
STREET ADDRESS	918 SUMMIT AVE	2.3 STREET ADDRESS	100 Maynard St
CITY-ST-ZIP	JERSEY CITY-NJ	2.4 CITY-ST-ZIP	WILLIAMSPORT PA 17701
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, ROGER W	3.2 NAME	
STREET ADDRESS	1206 FAXON PARKWAY	3.3 STREET ADDRESS	2717 Grand St
CITY-ST-ZIP	WILLIAMSPORT PA	3.4 CITY-ST-ZIP	WILLIAMSPORT PA 17701
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOESGER, LEONARD E	4.2 NAME	Virgil Probaseo - President
STREET ADDRESS	736 WASHINGTON BLVD.	4.3 STREET ADDRESS	HC 64 Box 499
CITY-ST-ZIP	WILLIAMSPORT PA	4.4 CITY-ST-ZIP	Trout Run PA 17771
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PESSAMATO, JOHN V	5.2 NAME	
STREET ADDRESS	14 VALLEY HEIGHTS DRIVE	5.3 STREET ADDRESS	79 Valley Heights Drive
CITY-ST-ZIP	WILLIAMSPORT PA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: John V. Pessamato Date: 1/21/99 Daytime Phone #: 570-327-4279

CR2E034 (11/98)