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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P27789** **(7)**

1. Corporation Name

AEG AUTOMATION SYSTEMS HOLDING COMPANY

Principal Place of Business	Mailing Address
701 TECHNOLOGY DR CANONSBURG PA 15317 US	701 TECHNOLOGY DR CANONSBURG PA 15317 US

3. Date Incorporated or Qualified: **01/22/1990**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **22-3011684**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	
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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	DR. PETER GRAFONER		1.2 NAME	Wayne Huff	
STREET ADDRESS	POSTFACH 71 01 63		1.3 STREET ADDRESS	1 Trimont Lane Unit 1200	
CITY-ST-ZIP	D-60523 FRANKFURT GE		1.4 CITY-ST-ZIP	Pittsburgh, PA 15211	
TITLE	~~S~~	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PERCIVAL, ROBERT		2.2 NAME		
STREET ADDRESS	620 ADELE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. HUNTINGDON PA		2.4 CITY-ST-ZIP		
TITLE	VPCF	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WERNER VOLZ		3.2 NAME		
STREET ADDRESS	556 CENTER CHURCH RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MCMURRAY PA		3.4 CITY-ST-ZIP		
TITLE	~~AS~~ Secretary	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BANNER, JOHN		4.2 NAME		
STREET ADDRESS	689 VALLEYVIEW RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TOLLINGER, PRESTON		5.2 NAME		
STREET ADDRESS	200 PARK AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(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 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: _____ 4/26/96 412 873 9421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #