

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

DOCUMENT # **P38061** (8)

1. Corporation Name  
**CRITERION METALS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**110 COMSTOCK PARKWAY CRANSTON RI 02921**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/23/1992** 3a. Date of Last Report **05/09/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **279 JENCKES HILL RD** 26 **279 JENCKES HILL RD**

4. FEI Number **05-0455152** Applied For  
Not Applicable

22 City & State 27 City & State  
**SMITHFIELD, RI** **SMITHFIELD, RI**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 Zip Country 28 Zip Country  
**02917** **02917**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24  25  29  30

7. The corporation has liability for intangible tax under § 100.039 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BESSETTE, RAYMOND JR.  
11202 ST. JOHN'S INDUSTRIAL PKWY, SUITE 1  
JACKSONVILLE FL 32216**

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) (DATE) Registered Agent (typed or printed name and title)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>BRUNO, PETER</b>
STREET ADDRESS	<b>110 COMSTOCK PKWY</b>
CITY ST ZIP	<b>CRANSTON RI</b>
TITLE	<b>ST</b>
NAME	<b>KESSEL, WILIAM C</b>
STREET ADDRESS	<b>110 COMSTOCK PKWY</b>
CITY ST ZIP	<b>CRANSTON RI</b>
TITLE	<b>D</b>
NAME	<b>BRANDT, HEINZ</b>
STREET ADDRESS	<b>110 COMSTOCK PKWY</b>
CITY ST ZIP	<b>CRANSTON RI</b>
TITLE	<b>D</b>
NAME	<b>FRANKE, GUNTER</b>
STREET ADDRESS	<b>110 COMSTOCK PKWY</b>
CITY ST ZIP	<b>CRANSTON RI</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>279 JENCKES HILL RD</b>
1.4 CITY ST ZIP	<b>SMITHFIELD, RI 02917</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>279 JENCKES HILL RD</b>
2.4 CITY ST ZIP	<b>SMITHFIELD, RI 02917</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>GERMANY</b>
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 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 alternate form with an affidavit.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5/1/95  
401-334-4800  
Telephone Number