

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P38061 (8)**
1. Corporation Name
CRITERION METALS, INC.



Principal Place of Business Mailing Address
279 JENCKES HILL RD SMITHFIELD RI 02917 US **279 JENCKES HILL RD SMITHFIELD RE 02917 US**

3. Date Incorporated or Qualified **03/23/1992** 3a. Date of Last Report **05/01/1995**
4. FEI Number **05-0455152** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
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

**BESSETTE, RAYMOND JR.
11202 ST. JOHN'S INDUSTRIAL PKWY, SUITE 1
JACKSONVILLE FL 32216**

81 Name **David J. Connelly**
82 Street Address (P.O. Box Number is Not Acceptable)
11202 St. Johns Industrial Pkwy
83 **Suite 1**
84 City **Jacksonville** FL 85 Zip Code **3 2 2 1 6**

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 607.0503, Florida Statutes.

SIGNATURE *David J. Connelly* **David J. Connelly, Branch Manager** 04/12/96
Signature, typed or printed name of registered agent and title of position (NOTE: Registered Agent's signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRUNO, PETER	
STREET ADDRESS	279 JENCKES HILL RD	
CITY-ST-ZIP	SMITHFIELD RI	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KESSEL, WILIAM C	
STREET ADDRESS	279 JENCKES HILL RD	
CITY-ST-ZIP	SMITHFIELD RI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKE, GUNTER	
STREET ADDRESS	110 COMSTOCK PKWY	
CITY-ST-ZIP	GERMANY RI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ST BRUNO, PETER
2.3 STREET ADDRESS	279 JENCKES HILL RD
2.4 CITY-ST-ZIP	SMITHFIELD RI
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 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: *Peter J. Bruno* **PETER J. BRUNO** 4/4/96 401-334-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)