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REPORT FOR DUE JULY 1

STANDING: 0000

ANNUAL REPORT
OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITOL BUILDING
FRANKFORT, KENTUCKY 40601

SECTION A

(1) RECORD NO. 57037

(2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH. 03-01-33

(3) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT
JOSEPH SELIGMAN
MARION TAYLOR
LOUISVILLE, KY. 40202


(5) EXACT CORPORATE NAME
STROBE INCORPORATED

(6) MAILING ADDRESS
211 GUTHRIE ST.
LOUISVILLE, KY. 40202

FOR OFFICE USE ONLY
010117

SECTION B
CORRECTIONS AND ADDITIONS (PLEASE TYPE)
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION MISSING IN SECTION "A"

(2) DATE OF INCORP. _____ STATE OF INCORPORATION _____

(4) PROCESS AGENT


IF YOU WISH TO CHANGE PROCESS AGENT OR ADDRESS
PLEASE CONTACT THIS OFFICE FOR APPROPRIATE FORMS

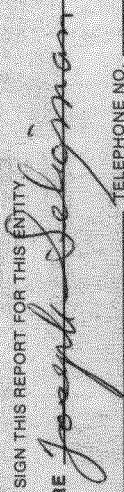
(5) EXACT CORPORATE NAME
RECEIVED
FEB 19 1981
Office of Kentucky

(6) MAILING ADDRESS
Office of Kentucky

PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE IF YOU ARE A KRS CHAPTER 274 CORPORATION (PROFESSIONAL SERVICE CORPORATION) PLEASE SEE REVERSE SIDE OF THIS REPORT

PLEASE MAKE NECESSARY CORRECTIONS. SIGN FORM, AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF \$5.00 (CHECKS PAYABLE TO KENTUCKY STATE TREASURER) IN THE ENCLOSED ENVELOPE. RETAIN GREEN COPY FOR YOUR RECORDS. I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.

AUTHORIZED SIGNATURE 

TITLE _____ TELEPHONE NO. _____

FORM MUST BE SIGNED. RETURN THIS COPY WITH FILING FEE.