

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 # 819257 (7)

1. Corporation Name

EATON CORPORATION OF FLORIDA



Principal Place of Business

EATON CENTER  
CLEVELAND OHIO 44114

Mailing Address

EATON CENTER  
CLEVELAND OHIO 44114

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

01/03/1966

3a. Date of Last Report

04/25/1995

4. FEI Number

34-0196300

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

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

Signature typed or printed name of registered agent for this filing is acceptable

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                        |  |
|-----------------|------------------------|--|
| TITLE           | VT                     | <input type="checkbox"/> DELETE            |
| NAME            | HARDIS, S R            |  |
| STREET ADDRESS  | EATON CENTER           |  |
| CITY - ST - ZIP | CLEVELAND OH           |  |
| TITLE           | T                      | <input type="checkbox"/> DELETE            |
| NAME            | CARMONT, JOHN          |  |
| STREET ADDRESS  | EATON CENTER           |  |
| CITY - ST - ZIP | CLEVELAND OH           |  |
| TITLE           | D                      | <input type="checkbox"/> DELETE            |
| NAME            | ARMSTRONG, NEIL A.     |  |
| STREET ADDRESS  | 1739 N.STATE ROUTE#123 |  |
| CITY - ST - ZIP | LEBANON OH             |  |
| TITLE           | D                      | <input checked="" type="checkbox"/> DELETE |
| NAME            | DOLE, ARTHUR III       |  |
| STREET ADDRESS  | 61 INDIAN HILL RD.     |  |
| CITY - ST - ZIP | WINNETKA IL            |  |
| TITLE           | VS                     | <input type="checkbox"/> DELETE            |
| NAME            | FRANKLIN, EARL R.      |  |
| STREET ADDRESS  | EATON CENTER           |  |
| CITY - ST - ZIP | CLEVELAND OH           |  |
| TITLE           | P                      | <input checked="" type="checkbox"/> DELETE |
| NAME            | JOHN S. RODEWIG        |  |
| STREET ADDRESS  | EATON CENTER           |  |
| CITY - ST - ZIP | CLEVELAND OH           |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                         |  |
|---------------------|-------------------------|--|
| 1.1 TITLE           | Chairman & CEO/D        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                         |  |
| 1.3 STREET ADDRESS  |                         |  |
| 1.4 CITY - ST - ZIP |                         |  |
| 2.1 TITLE           | V.P. & Treasurer        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            |                         |  |
| 2.3 STREET ADDRESS  |                         |  |
| 2.4 CITY - ST - ZIP |                         |  |
| 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           | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME            | Ernie Green             |  |
| 4.3 STREET ADDRESS  | 5860 Batsford Drive     |  |
| 4.4 CITY - ST - ZIP | Centerville, OH 45459   |  |
| 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           | P                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME            | Alexander M. Cutler     |  |
| 6.3 STREET ADDRESS  | 1860 Berkshire Road     |  |
| 6.4 CITY - ST - ZIP | Gates Mills, Ohio 44040 |  |

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

Secretary and Associate

SIGNATURE:

E. R. Franklin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

General Counsel

4/18/96 216/523-4455

CR2E034 (12/95)