

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # 820713

1. Entity Name
DURAMAX, INC.



Principal Place of Business

16910 MUNN RD
CHAGRIN FALLS, OH 44023

Mailing Address

16910 MUNN RD
CHAGRIN FALLS, OH 44023



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

34-0317950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000758006
05/23/07-80095-006 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME COGNET, MICHEL
STREET ADDRESS 16910 MUNN RD
CITY-ST-ZIP CHAGRIN FALLS, OH 44023

TITLE D
NAME BENETREAU, JACQUES
STREET ADDRESS 16910 MUNN RD
CITY-ST-ZIP CHAGRIN FALLS, OH 44023

TITLE S
NAME COUTURE, STEPHANIE
STREET ADDRESS 16910 MUNN RD
CITY-ST-ZIP CHAGRIN FALLS, OH 44023

TITLE DP
NAME BUTTITA, LOUIS J
STREET ADDRESS 16910 MUNN RD
CITY-ST-ZIP CHAGRIN FALLS, OH 44023

TITLE T
NAME WEBB, CHRISTOPHER K
STREET ADDRESS 16910 MUNN RD
CITY-ST-ZIP CHAGRIN FALLS, OH 44023

TITLE VP
NAME PASTORE, CARMEN
STREET ADDRESS 16910 MUNN RD
CITY-ST-ZIP CHAGRIN FALLS, OH 44023

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHRIS WEBB

4/30/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #