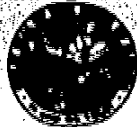


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 827231 (2)

95 FEB 28 PM 3:49

1. Corporation Name
MEDUSA CORPORATION

Principal Place of Business Mailing Address
**3008 MONTICELLO BLVD.
BOX 5000
CLEVELAND HEIGHTS OH 44110**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
12/28/1971 02/16/1994
4. FEI Number Applied For
34-0394630 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**
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 and fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGFRIED, JOHN P	1.2 NAME	
STREET ADDRESS	3008 MONTICELLO BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND HTS, OH 00000	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAMMEL, BRIAN P	2.2 NAME	Denny, R. Breck
STREET ADDRESS	3008 MONTICELLO BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND HTS, OH 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UDING, GEORGE E.	3.2 NAME	Uding, George E., Jr.
STREET ADDRESS	3008 MONTICELLO BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND HTS, OH 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUEENAN, C J JR.	4.2 NAME	
STREET ADDRESS	3008 MONTICELLO BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND HTS OH	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, R.S.	5.2 NAME	
STREET ADDRESS	3008 MONTICELLO BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND HTS OH	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGELOW, E. THAYER JR.	6.2 NAME	
STREET ADDRESS	3008 MONTICELLO BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND HTS OH	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)(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: R. Breck Denny **R. Breck Denny**
Vice President-Finance 2/24/95 (216) 371-4000
SIGNATURE AND TYPED OR PRINTED NAME OF (NON)OFFICER OR DIRECTOR (Date) (Area Code) (Number)