

**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 # 855052 (7)  
1. Corporation Name  
KOOL SEAL INC.



Principal Place of Business: 1499 ENTERPRISE PKWY TWINSBURG OH 44087  
Mailing Address: 1499 ENTERPRISE PKWY TWINSBURG OH 44087

3. Date Incorporated or Qualified: 12/22/1982  
3a. Date of Last Report: 05/23/1995  
4. FEI Number: 34-1032600  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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 607.0605, Florida Statutes.

SIGNATURE: [Signature] DATE: [Signature]

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, CHRISTOPHER	
STREET ADDRESS	1499 ENTERPRISE PKWY	
CITY-ST-ZIP	TWINSBURG OH	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SULLIVAN, PATRICIA S	
STREET ADDRESS	1499 ENTERPRISE PKWY	
CITY-ST-ZIP	TWINSBURG OH	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	HUDAK, S.R.	
STREET ADDRESS	1499 ENTERPRISE PKWY	
CITY-ST-ZIP	TWINSBURG OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURTON, BRIAN	
STREET ADDRESS	1499 ENTERPRISE PARKWAY	
CITY-ST-ZIP	TWINSBURG OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOHN	
STREET ADDRESS	1499 ENTERPRISE PKWY	
CITY-ST-ZIP	TWINSBURG OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JAROS, STANLEY T.	
STREET ADDRESS	30195 CHAGRIN BLVD	
CITY-ST-ZIP	PEPPER RIDGE OH	

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 type="checkbox"/> Change <input 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	<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: [Signature] DATE: 3-1-96 DAYTIME PHONE #: 216-425-4717

CR2E034 (12/95)