


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 855052  
 1. Entity Name  
 KOOL SEAL INC.



Principal Place of Business  
 1499 ENTERPRISE PKWY  
 TWINSBURG, OH 44087

Mailing Address  
 1499 ENTERPRISE PKWY  
 TWINSBURG, OH 44087

**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 34-1032600

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

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

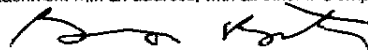
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000036264  
 02/06/04-80052-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, WILLIAM 1499 ENTERPRISE PKWY TWINSBURG, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ULLIVAN, PETER 1499 ENTERPRISE PKWY TWINSBURG, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HUDAK, S.R. 1499 ENTERPRISE PKWY TWINSBURG, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, BRIAN 1499 ENTERPRISE PARKWAY TWINSBURG, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOHN 1499 ENTERPRISE PKWY TWINSBURG, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAROS, STANLEY T. 30195 CHAGRIN BLVD PEPPER RIDGE, OH

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 330 405 1604  
 Date Daytime Phone #