

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 857788 (4)

1. Corporation Name

THE TRANZONIC COMPANIES



Principal Place of Business

30195 CHAGRIN BLVD
PEPPER PIKE OH 44124

Mailing Address

30195 CHAGRIN BLVD
PEPPER PIKE OH 44124

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

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/20/1983

3a. Date of Last Report

03/16/1995

4. FEI Number

34-0664235

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. 193.032,
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

(Sign for the corporation if the board of directors is authorized to sign)

(Sign for the corporation if the board of directors is authorized to sign)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	REITMAN, ROBERT S.	
STREET ADDRESS	30195 CHAGRIN BLVD	
CITY-ST-ZIP	PEPPER PIKE OH	
TITLE	VD	☐ DELETE
NAME	REITMAN, MORTON L.	
STREET ADDRESS	30195 CHAGRIN BLVD	
CITY-ST-ZIP	PEPPER PIKE OH	
TITLE	S	☐ DELETE
NAME	BERICK, JAMES H.	
STREET ADDRESS	1111 SUPERIOR AVE., #1350	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	T	☐ DELETE
NAME	REITMAN, ALAYNE L.	
STREET ADDRESS	30195 CHAGRIN BLVD	
CITY-ST-ZIP	PEPPER PIKE OH	
TITLE	ASD	☐ DELETE
NAME	GOLDEN, DAVID J.	
STREET ADDRESS	30195 CHAGRIN BLVD	
CITY-ST-ZIP	PEPPER PIKE OH	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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:

Alayne L. Reitman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

(24) 831-5757

CR2E034 (12/95)