

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 670 ALPHA DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 670 ALPHA DRIVE Suite, Apt. #, etc.		3. Date incorporated or Qualified 09/20/1983	
22 City & State 23 HIGHLAND HTS., OH		27 City & State 28 HIGHLAND HTS., OH		4. FEI Number 34-0664235	
24 Zip 44143		29 Zip 44143		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO REITMAN, ROBERT S. 30195 CHAGRIN BLVD PEPPER PIKE OH	1.1 TITLE	P RICHARD J. SIMS
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	670 ALPHA DR.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	HIGHLAND HTS., OH 44143
TITLE	VO REITMAN, MORTON L. 30195 CHAGRIN BLVD PEPPER PIKE OH	2.1 TITLE	T CHRISTOPHER T. CIRA
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	670 ALPHA DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HIGHLAND HTS., OH 44143
TITLE	S BERICK, JAMES H. 1111 SUPERIOR AVE., #1350 CLEVELAND OH	3.1 TITLE	T THOMAS S. FRIEDL
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	670 ALPHA DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HIGHLAND HTS. OH 44143
TITLE	T REITMAN, ALAYNE L 30195 CHAGRIN BLVD PEPPER PIKE OH	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ASD GOLDEN, DAVID J. 30195 CHAGRIN BLVD PEPPER PIKE OH	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

CR2E034 (10/97)