2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90059 040 ***150.00

DOCUMENT # 857788

1. Entity Name
THE TRANZONIC COMPANIES

94012510

Principal Place of Business	Mailing Address
670 ALPHA DRIVE HIGHLAND HTS, OH 44143 US	670 ALPHA DRIVE HIGHLAND HTS, OH 44143 US

DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
34-0664235

☐ 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

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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 reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIMS, RICHARD J
STREET ADDRESS	670 ALPHA DRIVE
CITY-ST-ZIP	HIGHLAND HTS, OH 44143
TITLE	VP
NAME	CIRA, CHRISTOPHER T
STREET ADDRESS	670 ALPHA DRIVE
CITY-ST-ZIP	HIGHLAND HTS, OH 44143
TITLE	DOF
NAME	FRIEDL, THOMAS S
STREET ADDRESS	670 ALPHA DRIVE
CITY-ST-ZIP	HIGHLAND HTS, OH 44143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: _____ 2.6.04 440.449.6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #