2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2005 08:00 AM DOCUMENT # F01000005386 **Secretary of State** 1. Entity Name HODELL-NATCO INDUSTRIES, INC. Principal Place of Business ____ Mailing Address 7825 HUB PARKWAY 7825 HUB PARKWAY VALLEY VIEW OH 44125 VALLEY VIEW OH 44125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 34-1451551 Not Applicable Zip Country \$8.75 Additional 5, Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROWL, DAVID W Street Address (P.O. Box Number is Not Acceptable) 506 CENTRAL PARK DRIVE SANFORD FL 32771-6672 Zip Code 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. Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCD TITLE Delete HILE U00000243893 02/25/05-80060-011 150.00 ☐ Addition REIDL, OTTO NAME NAME STREET ADDRESS 7825 HUB PARKWAY STREET ADDRESS VALLEY VIEW OH 44125 CITY-ST-ZIP CHY-S1-ZP VASD ME ☐ Delete THE ☐ Change Addition NAME REX, WILLIAM H NAME STREET ADDRESS 7825 HUB PARKWAY STREET ADDRESS CITY-ST-ZIP VALLEY VIEW OH 44125 CITY-ST-ZIP ☐ Change Addition TITLE D Delete UUE NAME NAME REX, ANNE P STREET ADDRESS STREET ADDRESS 18821 GEAUGA LAKE ROAD CHAGRIN FALLS OH 44022 CHY-ST-ZIP CITY-SI-ZIP TITLE D ☐ Delete HILE Change Addition REX, DAVID C NAME STREET ADDRESS 4113 ELDORADO SPRINGS STREET ADDRESS **BOULDER CO 80302** CITY - ST - ZIP CITY-S1-ZIP ☐ Delete TITLE Change ☐ Addition REX, JANE M NAME NAME 8470 LEWIS ROAD STREET ADDRESS STREET ADDRESS **OLMSTEAD FALLS OH 44138** CITY-ST-ZIP CITY-ST-ZIP ___ Change nn r ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

SIGNATURE: Otto Reill OTTO REIDL PRES. 01/31/05 216-447-0165