


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90008 026 ***150.00

DOCUMENT # F01000005386	
1. Entity Name HODELL-NATCO INDUSTRIES, INC.	

Principal Place of Business 7825 HUB PARKWAY VALLEY VIEW, OH 44125	Mailing Address 7825 HUB PARKWAY VALLEY VIEW, OH 44125
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DO NOT WRITE IN THIS SPACE

40022010



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1451551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROWL, DAVID W
1644 TIMOCUAN WAY
LONGWOOD, FL 32750-3729

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD REIDL, OTTO 7825 HUB PARKWAY VALLEY VIEW, OH 44125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD REX, WILLIAM H 7825 HUB PARKWAY VALLEY VIEW, OH 44125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REX, ANNE P 18821 GEAUGA LAKE ROAD CHAGRIN FALLS, OH 44022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REX, DAVID C 4113 ELDORADO SPRINGS BOULDER, CO 80302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REX, JANE M 8470 LEWIS ROAD OLMSTEAD FALLS, OH 44138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Otto Reidl OTTO REIDL 1/21/08 216-447-0165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #