

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005386

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: HODELL-NATCO INDUSTRIES, INC.

**Current Principal Place of Business:**

7825 HUB PARKWAY  
VALLEY VIEW, OH 44125

**New Principal Place of Business:**

**Current Mailing Address:**

7825 HUB PARKWAY  
VALLEY VIEW, OH 44125

**New Mailing Address:**

FEI Number: 34-1451551      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CROWL, DAVID W  
1644 TIMOCUAN WAY  
LONGWOOD, FL 327503729 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: REIDL, OTTO  
Address: 7825 HUB PARKWAY  
City-St-Zip: VALLEY VIEW, OH 44125

Title: VASD ( ) Delete  
Name: REX, WILLIAM H  
Address: 7825 HUB PARKWAY  
City-St-Zip: VALLEY VIEW, OH 44125

Title: D ( ) Delete  
Name: REX, ANNE P  
Address: 18821 GEAUGA LAKE ROAD  
City-St-Zip: CHAGRIN FALLS, OH 44022

Title: D ( ) Delete  
Name: REX, DAVID C  
Address: 4113 ELDORADO SPRINGS  
City-St-Zip: BOULDER, CO 80302

Title: D ( ) Delete  
Name: REX, JANE M  
Address: 8470 LEWIS ROAD  
City-St-Zip: OLMSTEAD FALLS, OH 44138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOYD A LESTI

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

V P

02/26/2009

\_\_\_\_\_ Date