2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001980

Entity Name: FEDERAL EQUIPMENT COMPANY

FILED Jan 03, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	T PETE ROSE ATI, OH 45203	WAY		
Current Mailing Address:			New Mailing Address:	
	T PETE ROSE ATI, OH 45203			
FEI Number	: 31-1027984	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
1200 SOU PLANTAT	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD I US		
	e named entity : e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	CEO () DAVIS, JACK E 5488 RIDGEVA MAINEVILLE, C	LE CT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PS () RIDENOUR, DO 3781 SUNBURS CINCINNATI, O	ST RIDGE LN	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TD () EUBANKS, ROI 3116 HERGOT EDGEWOOD, I	T DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () EUBANKS, RIC 1914 FORTSID FORT MITCHE	E DR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	D (X DOTY, VERLE 10470-1 JESIC) Delete A LANE	Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE:	DOUGLAS A. RIDENOUR	Р	01/03/2005

City-St-Zip: HARRISON, OH 45030