## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # F9400000296 06-01-2004 90007 035 \*\*\*558.75 CORRPRO TECHNOLOGIES, INC. Principal Place of Business Mailing Address 54056166 1090 ENTERPRISE DR % CORPORATE TAX MEDINA, OH 44256 US 1055 WEST SMITH ROAD MEDINA, OH 44256 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 03142003 CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 34-1422570 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent -CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 City Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Election Campaign Financing FILE NOW!!!, FEE IS \$550.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCEO, D PCD ~ TIFLE Delete TITLE ☐ Change Addition Lakey, Joseph ?. ROG JOSEPHW R NAME NAME 1090 Enterprise Dr 1090 ENTERPRISE DR STREET ADDRESS STREET ADDRESS MEDINA, OH 44256 CITY-ST-ZIP CITY-ST-ZIP MIRINA, OH 44856 TITLE VD ☐ Delete TITLE Change ☐ Addition Kroon, David H 70008 Hollister KROON, DAVID H NAME NAME STREET ADDRESS 8223 SILVER SHADOWS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **SPRING, TX 77379** Houston, Tx 77040 ☐ Addition TITLE ☐ Delete TITLE 🔽 Change Michael K-Baach BAACH, MICHAEL K NAME 1090 Enterprise Dr. 1090 ENTERPRISE DR STREET ADDRESS STREET ADORESS CITY-ST-ZIP MEDINA, OH 44256 CITY-ST-ZIP Medina, OH 44256 V,T,CFO TITLE ☐ Defete TITLE Change ☐ Addition MAYER, ROBERT M NAME NAME Mayer, Robert 1090 ENTERPRISE DR. STREET ADDRESS STREET ADDRESS 1090 CITY-ST-7IP MEDINA, OH 44256 CITY-ST-7IP TITLE vs ☐ Delete TITLE ☐ Change ☐ Addition MORAÑ, JOHN D NAME NAME 1090 ENTERPRISE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEDINA, OH 44256 CITY-ST-7IP D, Chairman TITLE ☐ Change **™** Addition TITLE Delete NAME NAME . Johnson's Ja STREET ADDRESS STREET ADDRESS 750 N-St. Paul St Ste 1200 ... CITY-ST-ZIP CITY-ST-ZIP <u>Dallas</u> 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.

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FILED Jun 01, 2004 8:00 am

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