2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90053 013 ***158.75

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1. Entity Name
CORRPRO TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
1090 ENTERPRISE DR MEDINA, OH 44256 US	% CORPORATE TAX 1055 WEST SMITH ROAD MEDINA, OH 44256

400026030

01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1422570
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCED
NAME	LAHEY, JOSEPH P
STREET ADDRESS	1090 ENTERPRISE DR
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	V
NAME	KROON, DAVID H
STREET ADDRESS	7000B HOLLISTER
CITY-ST-ZIP	HOUSTON, TX 77040
TITLE	V
NAME	BAACH, MICHAEL K
STREET ADDRESS	1090 ENTERPRISE DR
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	VTCF
NAME	MAYER, ROBERT M
STREET ADDRESS	1090 ENTERPRISE DR.
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	VS
NAME	MORAN, JOHN D
STREET ADDRESS	1090 ENTERPRISE DR.
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	DCOB
NAME	JOHNSON, JAMES A
STREET ADDRESS	750 N ST PAUL ST STE 1200
CITY-ST-ZIP	DALLAS, TX 75201

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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.

SIGNATURE: Robert M. Mayer 1/13/05 330-723-5082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #