

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 9:57

DOCUMENT # **F94000001346 (5)**

1. Corporation Name
SAUDER MANUFACTURING CO.

Principal Place of Business Mailing Address
600 MIDDLE STREET 600 MIDDLE STREET
ARCHBOLD OH 43502 ARCHBOLD OH 43502

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
03/16/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 P.O. Box 230	34-4407705	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. The corporation has liability for intangible tax under S. 118.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28 ARCHBOLD, OH		
Zip	Country		
24	29 43502		
	30		

9. Name and Address of Current Registered Agent

**GRABER, DOUGLAS
1752 APEX ROAD
SARASOTA FL 34240**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Virgil Miller
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

Mar 29 95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, VIRGIL	1.2 NAME	
STREET ADDRESS	22494 COUNTY ROAD B	1.3 STREET ADDRESS	
CITY - ST - ZIP	ARCHBOLD OH 43502	1.4 CITY - ST - ZIP	
TITLE	VC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUDER, MAYNARD	2.2 NAME	
STREET ADDRESS	3515 WESTWOOD DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ARCHBOLD OH 43502	2.4 CITY - ST - ZIP	
TITLE	TDS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORTON, RONALD E	3.2 NAME	
STREET ADDRESS	3 MONTEREY COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	ARCHBOLD OH 43502	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUDER, ERIC J	4.2 NAME	
STREET ADDRESS	414 NORTH DEFIANCE	4.3 STREET ADDRESS	
CITY - ST - ZIP	STRYKER OH 43557	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUDER, MYRL	5.2 NAME	
STREET ADDRESS	3411 COUNTY ROAD 20	5.3 STREET ADDRESS	
CITY - ST - ZIP	ARCHBOLD OH 43502	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOTTS, JACK	6.2 NAME	
STREET ADDRESS	19 MONTEREY COURT	6.3 STREET ADDRESS	
CITY - ST - ZIP	ARCHBOLD OH 43502	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Virgil Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 29 95
DATE

(Typed Name)