

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001346 (5)**

1. Corporation Name

SAUDER MANUFACTURING CO.



Principal Place of Business

Mailing Address

600 MIDDLE STREET
ARCHBOLD OH 43502

P. O. BOX 230
ARCHBOLD OH 43502
US

3. Date Incorporated or Qualified
03/16/1994

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 **930 WEST BARRE ROAD**

26 Suite, Apt. #, etc.

4. FEI Number
34-4407705

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fees Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

ARCHBOLD, OH

29 City & State

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

24 Zip **43502**

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MILLER, VIRGIL | |
| STREET ADDRESS | 22494 COUNTY ROAD B | |
| CITY-ST-ZIP | ARCHBOLD OH 43502 | |
| TITLE | VC | <input type="checkbox"/> DELETE |
| NAME | SAUDER, MAYNARD | |
| STREET ADDRESS | 3515 WESTWOOD DRIVE | |
| CITY-ST-ZIP | ARCHBOLD OH 43502 | |
| TITLE | TDS | <input type="checkbox"/> DELETE |
| NAME | BORTON, RONALD E | |
| STREET ADDRESS | 3 MONTEREY COURT | |
| CITY-ST-ZIP | ARCHBOLD OH 43502 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SAUDER, ERIE J | |
| STREET ADDRESS | 414 NORTH DEFIANCE | |
| CITY-ST-ZIP | STRYKER OH 43557 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SAUDER, MYRL | |
| STREET ADDRESS | 3411 COUNTY ROAD 20 | |
| CITY-ST-ZIP | ARCHOLD OH 43502 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SPOTTS, JACK | |
| STREET ADDRESS | 19 MONTEREY COURT | |
| CITY-ST-ZIP | ARCHBOLD OH 43502 | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 119.07(3)(k), 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* Virgil Miller Date: **4-26-96** 419-495-7670 Daytime Phone: **419-495-7670**

CR2E034 (12/95)