

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 # **F94000001404 (2)**

1. Corporation Name
MONTANA PRODUCTS, INC.



Principal Place of Business: **7431 RICE HILL RD BURBANK OH 44214**
Mailing Address: **7431 RICE HILL RD BURBANK OH 44214**

3. Date Incorporated or Qualified: **03/18/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: **34-1209518**
Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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: _____ DATE: _____
Signature, typed or printed name, street address and city and state of the corporation. (NOTE: Registered Agent Signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, MALCOLM S	1.2 NAME	
STREET ADDRESS	7431 RICE HILL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK OH	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, DENNIS	2.2 NAME	KRUEGER, Dennis
STREET ADDRESS	7431 RICE HILL RD	2.1 STREET ADDRESS	6354 Rice Hill Road
CITY-ST-ZIP	BURBANK OH	2.4 CITY-ST-ZIP	Burbank, OH 44124
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYERS, HAROLD I	3.2 NAME	
STREET ADDRESS	76 S. VIRGINIA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EENNS GROVE NJ	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, NANCY J	4.2 NAME	
STREET ADDRESS	7431 RICE HILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK OH	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PD
STREET ADDRESS		5.3 STREET ADDRESS	Morefield, Virginia
CITY-ST-ZIP		5.4 CITY-ST-ZIP	2640 Armstrong Dr Wooster, OH 44691
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Malcolm Peterson* C.F.V.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 (419) 846-3202
Sandra B. Mortham

CR2E034 (12/95)