

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Sep 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra E. Atham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96 000001970
 1. Corporation Name
PRESSCO TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
29200 AURORA ROAD SOLON, OHIO 44139	SAME

2. Principal Place of Business	2a. Mailing Address
21 29200 AURORA ROAD	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State SOLON, OHIO	28 City & State
24 Zip 44139	29 Country USA

3. Date Incorporated or Qualified 04/13/66	3a. Date of Last Report FIRST REPORT
4. FEI Number 31-0721150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROBERT VOGT
 6985 CARDON ROAD
 RIVIERA BEACH, FLORIDA 33404

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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]* (NOTE: Registered Agent signature required when reinstating) DATE: 7-11-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	DON W. COCHRAN
STREET ADDRESS		1.3 STREET ADDRESS	29200 AURORA ROAD
CITY - ST - ZIP		1.4 CITY - ST - ZIP	SOLON, OHIO 44139
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DON DARLING
STREET ADDRESS		2.3 STREET ADDRESS	29200 AURORA ROAD
CITY - ST - ZIP		2.4 CITY - ST - ZIP	SOLON, OHIO 44139
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	P. RICHARD COAN
STREET ADDRESS		3.3 STREET ADDRESS	29200 AURORA ROAD
CITY - ST - ZIP		3.4 CITY - ST - ZIP	SOLON, OHIO 44139
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	THOMAS P. O'BRIEN
STREET ADDRESS		4.3 STREET ADDRESS	29200 AURORA ROAD
CITY - ST - ZIP		4.4 CITY - ST - ZIP	SOLON, OHIO 44139
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DANIEL J. GEHRMAN
STREET ADDRESS		5.3 STREET ADDRESS	29200 AURORA ROAD
CITY - ST - ZIP		5.4 CITY - ST - ZIP	SOLON, OHIO 44139
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	500002295225 <input type="checkbox"/> Addition
NAME		6.2 NAME	-09/22/97--01002--022
STREET ADDRESS		6.3 STREET ADDRESS	***550.00
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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: *[Signature]* Date: 8-15-97 Daytime Phone #: 216 498-2600 x284

CR2E034 (9/95)