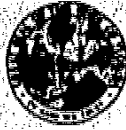


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P09833** (5)

1. Corporation Name
RAVENS METALS PRODUCTS, INC.

Principal Place of Business Mailing Address
861 E TALLMADGE AVE 861 E TALLMADGE AVE
P. O. BOX 10002 P. O. BOX 10002
AKRON OH 44310 AKRON OH 44310

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/18/1986	3a. Date of Last Report 04/21/1994
4. FEI Number 55-0398374	Applied For <input type="checkbox"/> 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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 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, 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	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOB, POLLOCK	1.2 NAME	
STREET ADDRESS	861 E TALLMADGE AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	AKRON OH 44310	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, RICHARD	2.2 NAME	
STREET ADDRESS	861 E TALLMADGE AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	AKRON OH 44310	2.4 CITY - ST - ZIP	
TITLE	A/S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMA, DAVID	3.2 NAME	
STREET ADDRESS	861 E TALLMADGE AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	AKRON OH 44310	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, NICHOLAS	4.2 NAME	
STREET ADDRESS	3200 W MARKET ST 300	4.3 STREET ADDRESS	
CITY - ST - ZIP	AKRON OH 44333	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEGG, STEPHEN	5.2 NAME	
STREET ADDRESS	29 W 57TH ST 14TH FLOOR	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10019	5.4 CITY - ST - ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, LOWELL	6.2 NAME	
STREET ADDRESS	861 E TALLMADGE AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	AKRON OH 44310	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: John Stitz John Stitz 3/30/95 216-630-4528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

12. Officers and Directors

7.1 V

7.2 Stitz, John J.

7.3 861 E. Tallmadge Ave

7.4 Akron, OH 44310