

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P09833 (5)**

1. Corporation Name  
**RAVENS METALS PRODUCTS, INC.**



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

3. Date Incorporated or Qualified <b>04/18/1986</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>55-0398374</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. 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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	JACOB, POLLOCK	
STREET ADDRESS	861 E TALLMADGE AVE	
CITY-ST-ZIP	AKRON OH 44310	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLLOCK, RICHARD	
STREET ADDRESS	861 E TALLMADGE AVE	
CITY-ST-ZIP	AKRON OH 44310	
TITLE	A/S	<input type="checkbox"/> DELETE
NAME	SIMIA, DAVID	
STREET ADDRESS	861 E TALLMADGE AVE	
CITY-ST-ZIP	AKRON OH 44310	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGE, NICHOLAS	
STREET ADDRESS	3200 W MARKET ST 300	
CITY-ST-ZIP	AKRON OH 44333	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLEGG, STEPHEN	
STREET ADDRESS	29 W 57TH ST 14TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MORGAN, LOWELL	
STREET ADDRESS	861 E TALLMADGE AVE	
CITY-ST-ZIP	AKRON OH 44310	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/D	<input type="checkbox"/> Change <input checked="" 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	A/S/D	<input type="checkbox"/> Change <input checked="" 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: John Stitz John Stitz 4/10/96 330-630-4528  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)