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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P09833 (5)
1. Corporation Name
RAVENS METALS PRODUCTS, INC.



Principal Place of Business: **861 E TALLMADGE AVE P. O. BOX 10002 AKRON OH 44310**
Mailing Address: **861 E TALLMADGE AVE P. O. BOX 10002 AKRON OH 44310-0002**

3. Date Incorporated or Qualified: **04/18/1986** 3a. Date of Last Report: **04/26/1996**
4. FEI Number: **55-0398374** 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

2. Principal Place of Business: 21 Subc. Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 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 City: 84 State: **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 fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	JACOB, POLLOCK	
STREET ADDRESS	861 E TALLMADGE AVE	
CITY - ST - ZIP	AKRON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLLOCK, RICHARD	
STREET ADDRESS	861 E TALLMADGE AVE	
CITY - ST - ZIP	AKRON OH 44310	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SIMIA, DAVID	
STREET ADDRESS	861 E TALLMADGE AVE	
CITY - ST - ZIP	AKRON OH	
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	<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 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: *John Stitz* **John Stitz** 7/17/97 (330) 630-4528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

12. Officers and Directors

- 7.1 V
- 7.2 Stitz, John J.
- 7.3 861 E. Tallmadge Ave
- 7.4 Akron, OH 44310