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May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P14776 (9)  
1. Corporation Name  
SIMMONDS PRECISION PRODUCTS, INC.

Principal Place of Business Mailing Address  
P. O. BOX 144 PANTON RD. VERGENNES VT 05491  
X 3925 EMBASSY PARKWAY  
X TAX ADMIN. 2ND FLOOR  
X RICHFIELD OH 44286

3. Date Incorporated or Qualified 06/10/1987  
3a. Date of Last Report 04/28/1995

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 4020 Kinross Lakes Parkway  
22 City & State 27 Tax Admin. 2nd. Floor  
23 City & State 28 Richfield, OH  
24 Zip 25 Country 29 44286 30 Country

4. FEI Number 13-1731661 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  
7. This corporation has liability for intangible tax under s 199.002, Florida Statutes  Yes  No

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 200002185082  
84 City -05/20/97--01054--017 FL 20 Code \*\*\*165.00

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 of registered agent and title if applicable. NOTE: Registered Agent signature required when remaining.

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGGINS, STEPHENS R	1.2 NAME	Grisik, John, J.
STREET ADDRESS	250 N CLEVELND-MASSILLON	1.3 STREET ADDRESS	250 N. Cleveland-Massillon Rd.
CITY-STATE-ZIP	AKRON OH	1.4 CITY-STATE-ZIP	Akron, OH 44334
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGGINS, STEPHEN, R	2.2 NAME	Grisik, John, J.
STREET ADDRESS	250 N CLEVELND-MASSILLON	2.3 STREET ADDRESS	250 N. Cleveland-Massillon Rd.
CITY-STATE-ZIP	AKRON OH	2.4 CITY-STATE-ZIP	Akron, OH 44334
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALISE, NICHOLAS	3.2 NAME	
STREET ADDRESS	3925 EMBASSY PARKWAY	3.3 STREET ADDRESS	4020 Kinross Lakes Parkway
CITY-STATE-ZIP	AKRON OH 44333	3.4 CITY-STATE-ZIP	Richfield, OH 44286
TITLE	VI <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLS, STEVEN G.	4.2 NAME	
STREET ADDRESS	3925 EMBASSY PARKWAY	4.3 STREET ADDRESS	4020 Kinross Lakes Parkway
CITY-STATE-ZIP	AKRON OH	4.4 CITY-STATE-ZIP	Richfield, OH 44286
TITLE	I <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMILLAN, ROBERT, A	5.2 NAME	Vinney, Les, C.
STREET ADDRESS	3925 EMBASSY PKWY	5.3 STREET ADDRESS	4020 Kinross Lakes Parkway
CITY-STATE-ZIP	AKRON OH	5.4 CITY-STATE-ZIP	Richfield, OH 44286
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERWOOD, GEORGE K	6.2 NAME	
STREET ADDRESS	3925 EMBASSY PARKWAY	6.3 STREET ADDRESS	4020 Kinross Lakes Parkway
CITY-STATE-ZIP	AKRON OH 44333	6.4 CITY-STATE-ZIP	Richfield, OH 44286

14. I do hereby certify that the information supplied with this filing was 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. 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 applicable, of this attachment with an address.

SIGNATURE: *George K. Sherwood* George K. Sherwood, Vice Pres. - Tax Admin. 5/1/97 216-659-7643  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Photo