

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90104 022 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P14776

1. Corporation Name
SIMMONDS PRECISION PRODUCTS, INC.



Principal Place of Business
**P. O. BOX 144
 PANTON RD.
 VERGENNES VT 05491**

Mailing Address
**4020 KINROSS LAKES PARKWAY
 TAX DEPT. 2ND FLOOR
 RICHFIELD OH 44286**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 [] Suite, Apt. #, etc.
 22 [] City & State
 23 [] Zip Country
 24 []

2a. Mailing Address
 26 [] Suite, Apt. #, etc.
 27 [] City & State
 28 [] Zip Country
 29 [] 30 []

3. Date Incorporated or Qualified
06/10/1987

4. FEI Number
13-1731661

5. Certificate of Status Desired **\$8.75** Additional Fee Required
 Not Applicable

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRISK, JOHN J	1.2 NAME	
STREET ADDRESS	250 N CLEVELND-MASSILLON	1.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRISK, JOHN J.	2.2 NAME	
STREET ADDRESS	250 N CLEVELND-MASSILLON	2.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALISE, NICHOLAS	3.2 NAME	
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHFIELD OH 44286	3.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLS, STEVEN G.	4.2 NAME	Robert D. Koney, Jr.
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	4.3 STREET ADDRESS	4020 Kinross Lakes Parkway
CITY-ST-ZIP	RICHFIELD OH 44286	4.4 CITY-ST-ZIP	Richfield, OH 44286
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINNEY, LES C	5.2 NAME	Scott E. Kuechle
STREET ADDRESS	4020 KINROSS LAKES PARKWAY	5.3 STREET ADDRESS	4020 Kinross Lakes Parkway
CITY-ST-ZIP	RICHFIELD OH 44286	5.4 CITY-ST-ZIP	Richfield, OH 44286
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERWOOD, GEORGE K	6.2 NAME	
STREET ADDRESS	4020 KINROSS LAKE PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	RICHFIELD OH 44286	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* 2/12/99 330-659-7643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)