

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90165 026 ***150.00

DOCUMENT # P14776

1. Entity Name

SIMMONDS PRECISION PRODUCTS, INC.

Principal Place of Business

Mailing Address

P. O. BOX 144
 PANTON RD.
 VERGENNES VT 05491

4020 KINROSS LAKES PARKWAY
 TAX DEPT. 2ND FLOOR
 RICHFIELD OH 44286-9368

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-1731661

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D GRISK, JOHN J**
 STREET ADDRESS **250 N CLEVELND-MASSILLON**
 CITY-ST-ZIP **AKRON OH**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **C GRISK, JOHN J.**
 STREET ADDRESS **250 N CLEVELND-MASSILLON**
 CITY-ST-ZIP **AKRON OH**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST CAUSE, NICHOLAS**
 STREET ADDRESS **4020 KINROSS LAKES PARKWAY**
 CITY-ST-ZIP **RICHFIELD OH 44286**

TITLE Change Addition
 NAME **Secretary**
 STREET ADDRESS **Kenneth E. Wagner**
 CITY-ST-ZIP **2550 W Tyvola Rd**
Charlotte, NC 28217

TITLE Delete
 NAME **AD Asst. Treas.**
 STREET ADDRESS **KONEY, ROBERT D**
 CITY-ST-ZIP **4020 KINROSS LAKES PARKWAY**
RICHFIELD OH 44286

TITLE Change Addition
 NAME
 STREET ADDRESS **2550 West Tyvola Rd**
 CITY-ST-ZIP **Charlotte, NC 28217**

TITLE Delete
 NAME **T KUECHLE, SCOTT E**
 STREET ADDRESS **4020 KINROSS LAKES PARKWAY**
 CITY-ST-ZIP **RICHFIELD OH 44286**

TITLE Change Addition
 NAME
 STREET ADDRESS **2550 West Tyvola Rd**
 CITY-ST-ZIP **Charlotte, NC 28217**

TITLE Delete
 NAME **V SHERWOOD, GEORGE K**
 STREET ADDRESS **4020 KINROSS LAKE PARKWAY**
 CITY-ST-ZIP **RICHFIELD OH 44286**

TITLE Change Addition
 NAME **Vice President - Taxes**
 STREET ADDRESS **Joseph F. Andolino**
 CITY-ST-ZIP **2550 W. Tyvola Rd**
Charlotte, NC 28217

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
 Date

704-423-7000
 Daytime Phone #

CR2E034 (9/99)