FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P16952 **(4)**

1. Corporation Name
ROPPE CORPORATION

Principal Place of Business
1602 NORTH UNION STREET
FOSTORIA OH 44830

Mailing Address
1602 NORTH UNION STREET
FOSTORIA OH 44830

2. Principal Place of Business
21
Suite, 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

3. Date Incorporated or Qualified: 11/25/1987
3a. Date of Last Report: 05/10/1995
4. FEI Number: 34-1535998 ☐ 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

9. Name and Address of Current Registered Agent

A.G.C. CO
2300 SUN BANK CENTER
200 S. ORANGE ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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

TITLE	PD	☐ DELETE
NAME	MILLER, DONALD P.	
STREET ADDRESS	1602 NORTH UNION STREET	
CITY-ST-ZIP	FOSTORIA OH	
TITLE	VPT	☐ DELETE
NAME	BAKER, MARK J	
STREET ADDRESS	1602 NORTH UNION STREET	
CITY-ST-ZIP	FOSTORIA OH	
TITLE	D	☐ DELETE
NAME	SCHALK, EUGENE N.	
STREET ADDRESS	1602 NORTH UNION STREET	
CITY-ST-ZIP	FOSTORIA OH	
TITLE	D	☐ DELETE
NAME	SANDMAN, DAN	
STREET ADDRESS	1602 NORTH UNION STREET	
CITY-ST-ZIP	FOSTORIA OH	
TITLE	VPD	☐ DELETE
NAME	MILLER, JUDY R	
STREET ADDRESS	1602 N UNION ST	
CITY-ST-ZIP	FOSTORIA OH	
TITLE	S	☐ DELETE
NAME	GILLETTE, ANGELA	
STREET ADDRESS	1602 NORTH UNION STREET	
CITY-ST-ZIP	FOSTORIA ON	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
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: [signature] MARK J BAKER 4/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

0503566 FN

ROPPE CORPORATION
34-1535998

ATTACHMENT TO OFFICERS/DIRECTORS:

Additions:
VP
GILLETT, DONALD V.
1602 N. UNION STREET
FOSTORIA, OH 44830

VP
GREGG, EDWARD G.
1602 NORTH UNION STREET
FOSTORIA, OH 44830