

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P29178 (1)**
1. Corporation Name
TAMCO DISTRIBUTORS COMPANY



Principal Place of Business Mailing Address
**20 FEDERAL PLAZA WEST
P O BOX 400
YOUNGSTOWN PA 44501-0400
US** **20 FEDERAL PLAZA WEST
P O BOX 400
YOUNGSTOWN OH 44501-0400
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 **YOUNGSTOWN OH** 28 **YOUNGSTOWN OH**
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **05/03/1990** 3a. Date of Last Report **05/01/1995**
4. FEI Number **34-1628777** 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
**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

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 of officer or director of corporation and the applicant. Date of Registered Agent's appointment as registered agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCOO <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, M DAVID	2. NAME
STREET ADDRESS	20 FEDERAL PLZ W	3. STREET ADDRESS
CITY-ST-ZIP	YOUNGSTOWN OH	4. CITY-ST-ZIP
TITLE	T <input checked="" type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, PETER S	2. NAME
STREET ADDRESS	5700 CAIN OSKS ST	3. STREET ADDRESS
CITY-ST-ZIP	PITTSBURG PA	4. CITY-ST-ZIP
TITLE	VT <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'LEARY, DANIEL J	2. NAME
STREET ADDRESS	5221 OYSTER BAY DRIVE	3. STREET ADDRESS
CITY-ST-ZIP	BOARDMAN OH	4. CITY-ST-ZIP
TITLE	ASAT <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALKIN, MICHAEL L	2. NAME
STREET ADDRESS	22008 HALBURTON RD	3. STREET ADDRESS
CITY-ST-ZIP	BEACHWOOD OH	4. CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	1. TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRA, DAVID S.	2. NAME
STREET ADDRESS	111 HAWTHORNE RD	3. STREET ADDRESS
CITY-ST-ZIP	PITTSBURGH PA	4. CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	1. TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAIT, GERALD	2. NAME
STREET ADDRESS	179 MILLVIEW DR	3. STREET ADDRESS
CITY-ST-ZIP	PITTSBURGH PA	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: *Daniel J O'Leary* **DANIEL J. O'LEARY SRVP./CFO 4/30/96 (330) 746-6641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)