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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

2. Principal Place of Business

P93000058435 (7) DOCUMENT #

ALCON METALS, INC.

Principal Place of Business Mailing Address 7990 BAKER AVENUE 7990 BAKER AVENUE CLEVELAND OH 44102 **CLEVELAND OH 44102** 

2a. Mailing Address



3. Date Incorporated or Qualified

08/19/1993 4. FEI Number 3a. Date of Last Report

05/01/1995

Applied For

		26				34-1747496		№	lot Applicable
Suite, Apt. #	#, etc.	Suite, Apt #, etc	C.			5. Certificate of Status Desired			Additional lequired
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			<del></del>	6. Election Campaign Financing Trust Fund Contribution		<b>-</b>	May Be
΄ Ζφ 	Country 25	Zip 29	30	Country		8. This corporation has liability for Florida Statutes	r intangible tax	under s	199.032,
J	9. Name and Address of Curr					10. Name and Address of New	Registered Ag	gent	
			~	81	Name				
C T CC	ORPORATION SYSTEM			82	Ctroot Addr	one (B.O. Boy Number in Not Accepts	'alda		
1200 S PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
	ATION FL			83					
10417	Allolite							T1 -	
				84	City		FL	<b>85</b> Zip	Code
1 Persuant t	to the provisions of Sections 607 05	5012 and 607 1508. Florida S	Statutes, the a	ahove-na	med corpora	ation submits this statement for the p		aina its re	aistered office
<ul> <li>or registere</li> </ul>	red agent, or both, in the State of FI	lorida. Such change was aut	thorized by tr	ne corpo	ration's boar	d of directors. I hereby accept the ap	pointment as re	egistered	agent. I am
familiar wit	th, and accept the obligations of, Si	ection 607.0505, Florida Sta	atutes.						
GNATURE _									
:· ···	Signature, typed or printed manie of registered as	gent and little if applicable  AND DIRECTORS		tered Agent	signature required	d when reinstaling) ADDITIONS/CHANGES TO OF	DATE EXCEDS AND F	DIRECTO	25 IN 12
<u>.</u>	·	AND DIRECTORS DELETE		1. 1 TILLE		ADDITIONS/OFFANGES TO GI		Change	Addition
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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. UK Mullins Villalla Alcon Metals (216)961-1106
URE AND TYPED DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO DETERMINE DOZUME PROPER DOZUME PROPER DE DOZUME

SIGNATURE: