FILE NOW: FILING FEE AFTER MAY 1 IS $ 550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # P14776 (9)

1. Corporation Name
SIMMONDS PRECISION PRODUCTS, INC.

[redacted]

Principal Place of Business	Mailing Address
P. O. BOX 144 PANTON RD. VERGENNES VT 05491	~~3925 EMBASSY PARKWAY~~ ~~TAX DEPT 2ND FLOOR~~ ~~AKRON OH 44333-8302~~

3. Date Incorporated or Qualified: 06/10/1987
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business (21):
2a. Mailing Address (26): 4020 Kinross Lakes Parkway
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27): Tax Admin, 2nd. Floor
City & State (23):
City & State (28): Richfield, OH
Zip / Country (24/25):
Zip (29): 44286
Country (30):

4. FEI Number: 13-1731661 ☐ 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

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 200002185082
84 City -05/20/97--01054--017 FL 85 Zip Code
*****155.00

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 '97	
TITLE	D ☒ DELETE	1.1 TITLE	Director ☒ Change ☒ Addition
NAME	HUGGINS, STEPHENS R	1.2 NAME	Grisik, John, J.
STREET ADDRESS	250 N CLEVELND-MASSILLON	1.3 STREET ADDRESS	250 N. Cleveland-Massillon Rd.
CITY-ST-ZIP	AKRON OH	1.4 CITY-ST-ZIP	Akron, OH 44334
TITLE	P ☒ DELETE	2.1 TITLE	President ☒ Change ☒ Addition
NAME	HUGGINS, STEPHEN, R	2.2 NAME	Grisik, John, J.
STREET ADDRESS	250 N CLEVELND-MASSILLON	2.3 STREET ADDRESS	250 N. Cleveland-Massillon Rd.
CITY-ST-ZIP	AKRON OH	2.4 CITY-ST-ZIP	Akron, OH 44334
TITLE	ST ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	CALISE, NICHOLAS	3.2 NAME	
STREET ADDRESS	3925 EMBASSY PARKWAY	3.3 STREET ADDRESS	4020 Kinross Lakes Parkway
CITY-ST-ZIP	AKRON OH 44333	3.4 CITY-ST-ZIP	Richfield, OH 44286
TITLE	VT ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	ROLLS, STEVEN G.	4.2 NAME	
STREET ADDRESS	3925 EMBASSY PARKWAY	4.3 STREET ADDRESS	4020 Kinross Lakes Parkway
CITY-ST-ZIP	AKRON OH	4.4 CITY-ST-ZIP	Richfield, OH 44286
TITLE	T ☒ DELETE	5.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME	MCMILLAN, ROBERT, A	5.2 NAME	Vinney, Les, C.
STREET ADDRESS	3925 EMBASSY PKWY	5.3 STREET ADDRESS	4020 Kinross Lakes Parkway
CITY-ST-ZIP	AKRON OH	5.4 CITY-ST-ZIP	Richfield, OH 44286
TITLE	V ☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	SHERWOOD, GEORGE K	6.2 NAME	
STREET ADDRESS	3925 EMBASSY PARKWAY	6.3 STREET ADDRESS	4020 Kinross Lakes Parkway
CITY-ST-ZIP	AKRON OH 44333	6.4 CITY-ST-ZIP	Richfield, OH 44286

5/5/97

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, added, or an attachment with an address.

SIGNATURE: George K. Sherwood, Vice Pres. - Tax Admin. 5/1/97 216-659-7643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #