

# 2001 UNIFORM BUSINESS REPORT (UBR)

0029176 AF

DOCUMENT # M00000001184

1. Entity Name  
EATON AEROSPACE LLC

FILED

01 APR 30 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1111 SUPERIOR AVENUE  
CLEVELAND OH 44114

Mailing Address  
1111 SUPERIOR AVENUE  
CLEVELAND OH 44114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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.

(NOT) Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME HARDIS, S. R  
STREET ADDRESS 1111 SUPERIOR AVENUE  
CITY-ST-ZIP CLEVELAND OH 44114

TITLE CFO ☐ Change ☒ Addition  
NAME Dillon, A. T.  
STREET ADDRESS 1111 Superior Avenue  
CITY-ST-ZIP Cleveland, Ohio 44114

TITLE MGR ☐ Delete  
NAME CUTLER, A. M  
STREET ADDRESS 1111 SUPERIOR AVENUE  
CITY-ST-ZIP CLEVELAND OH 44114

TITLE ☐ Change ☐ Addition  
NAME 400004220034--1  
STREET ADDRESS -05/16/01--01071--005  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME HORST, J. R  
STREET ADDRESS 1111 SUPERIOR AVENUE  
CITY-ST-ZIP CLEVELAND OH 44114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPT ☐ Change ☒ Addition  
NAME Parmenter, R. E.  
STREET ADDRESS 1111 Superior Avenue  
CITY-ST-ZIP Cleveland, Ohio 44114

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition  
NAME Hennessey, M.  
STREET ADDRESS 1111 Superior Avenue  
CITY-ST-ZIP Cleveland, Ohio 44114

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPS ☐ Change ☒ Addition  
NAME Franklin, E. R.  
STREET ADDRESS 1111 Superior Avenue  
CITY-ST-ZIP Cleveland, Ohio 44114

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*E. R. Franklin*

V.P. and Secretary 4/23/01

216/523-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)