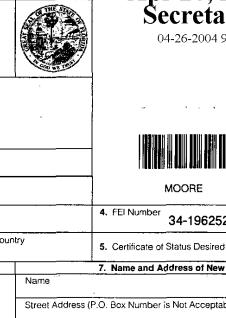
## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

## DOCUMENT # M0000001184



## **FILED** Apr 26, 2004 8:00 am Secretary of State

EATON AEROSPACE LLC					04-26-2004 90064 013 ****50.00			
Principal Place of Business Mailing Address			· · · · · · · · · · · · · · · · · · ·					
1111 SUPERIOR AVENUE 1111 SUPER		1111 SUPERIOR AVENU CLEVELAND OH 44114	PERIOR AVENUE					188: 44 1 <b>96</b> 1
2. Principal F	Place of Business	3. Mailing Address		_				
? Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE	CR2E08	3 (11/03)	
City & State		City & State			4. FEI Number 34-1962527	,	<del>                                     </del>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Re	egistered /	Agent	
				•		_		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street	: Address (F	P.O. Box Number is Not Acceptable	)		
			City			FL	Zip Code	9
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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOYE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2004								
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD, C 1111 SUPERIOR AVENUE CLEVELAND OH 44114	☐ Delcte	NAME STREET AODRES CITY-ST-ZIP	s			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUTLER, A. M 1111 SUPERIOR AVENUE CLEVELAND OH 44114	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORST, J. R 1111 SUPERIOR AVENUE CLEVELAND OH 44114	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		<del>-</del> -	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PARMENTER, R.E 1111 SUPERIOR AVENUE CLEVELAND OH 44114	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HENNESSEY, M 1111 SUPERIOR AVENUE CLEVELAND OH 44114	□ Delete	TITLE NAME STREET ADDRES. CITY-ST-ZIP	s			☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VS FRANKLIN, E.R. 1111 SUPERIOR AVENUE CLEVELAND OH 44114	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		*	☐ Change	Addition

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.



E. P. fraulli, V.P. and Secretary MANAGER, OR AUTHORIZED REPRESENTATIVE

4-23-04

Date

216-523-5000

Daytime Phone #