2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # 820713

1. Entity Name
DURAMAX, INC.

Principal Place of Business	Mailing Address
16910 MUNN RD CHAGRIN FALLS, OH 44023	16910 MUNN RD CHAGRIN FALLS, OH 44023

DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
34-0317950

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000758006
05/23/07-80095-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COGNET, MICHEL
STREET ADDRESS	16910 MUNN RD
CITY-ST-ZIP	CHAGRIN FALLS, OH 44023
TITLE	D
NAME	BENETREAU, JACQUES
STREET ADDRESS	16910 MUNN RD
CITY-ST-ZIP	CHAGRIN FALLS, OH 44023
TITLE	S
NAME	COUTURE, STEPHANIE
STREET ADDRESS	16910 MUNN RD
CITY-ST-ZIP	CHAGRIN FALLS, OH 44023
TITLE	DP
NAME	BUTTITTA, LOUIS J
STREET ADDRESS	16910 MUNN RD
CITY-ST-ZIP	CHAGRIN FALLS, OH 44023
TITLE	T
NAME	WEBB, CHRISTOPHER K
STREET ADDRESS	16910 MUNN RD
CITY-ST-ZIP	CHAGRIN FALLS, OH 44023
TITLE	VP
NAME	PASTORE, CARMEN
STREET ADDRESS	16910 MUNN RD
CITY-ST-ZIP	CHAGRIN FALLS, OH 44023

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS WEBB 4/30/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #