FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

"FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:21

DOCUMENT # **342583** **(2)**

1. Corporation Name

EARNEST MACHINE PRODUCTS COMPANY - SOUTHERN DIVI SION

Principal Place of Business	Mailing Address
12502 PLAZA DRIVE PARMA OH 44130 US	12502 PLAZA DRIVE PARMA OH 44130 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/06/1969
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1258027 ☐ 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

CAJTHAML, MARY J
2122 N. U.S. HWY. 301
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ZEHNDER, JOHN P	1.2 NAME	
STREET ADDRESS	12502 PLAZA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARMA, OHIO 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BARRETT, THOMAS	2.2 NAME	
STREET ADDRESS	12502 PLAZA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARMA, OHIO 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, RICHARD	3.2 NAME	
STREET ADDRESS	12502 PLAZA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARMA OH	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	ZEHNDER, JAMES P	4.2 NAME	
STREET ADDRESS	3825 W SURREY CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKY RIVER, OH 00000	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	☐ Change ☐ Addition
NAME	GENTILLI, PHILLIP R.	5.2 NAME	
STREET ADDRESS	12502 PLAZA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PARMA OH	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	ZEHNDER, DANIEL	6.2 NAME	
STREET ADDRESS	12502 PLAZA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PARMA OH	6.4 CITY-ST-ZIP	

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)(i), 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, or on an attachment with an address.

SIGNATURE: Phillip R Gentilli Vice Pres. 2-9-95 (216) 362-1100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

PHILLIP R GENTILLI

0466393 FP