

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 342583 (2)

1. Corporation Name

**EARNEST MACHINE PRODUCTS COMPANY - SOUTHERN DIVISION**



Principal Place of Business

Mailing Address

12502 PLAZA DRIVE  
PARMA OH 44130  
US

12502 PLAZA DRIVE  
PARMA OH 44130  
US

3. Date Incorporated or Qualified <b>03/06/1969</b>	3a. Date of Last Report <b>02/14/1995</b>
4. FEI Number <b>59-1258027</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

Subject to type or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEHNDER, JOHN P	1.2 NAME	
STREET ADDRESS	12502 PLAZA DR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PARMA, OHIO 00000	1.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, THOMAS	2.2 NAME	
STREET ADDRESS	12502 PLAZA DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PARMA, OHIO 00000	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RICHARD	3.2 NAME	
STREET ADDRESS	12502 PLAZA DR.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PARMA OH	3.4 CITY-STATE-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEHNDER, JAMES P	4.2 NAME	
STREET ADDRESS	3825 W SURREY CT	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ROCKY RIVER, OH 00000	4.4 CITY-STATE-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTILI, PHILLIP R.	5.2 NAME	
STREET ADDRESS	12502 PLAZA DR.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	PARMA OH	5.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEHNDER, DANIEL	6.2 NAME	
STREET ADDRESS	12502 PLAZA DR.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	PARMA OH	6.4 CITY-STATE-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)(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, or on an attachment with an address.

SIGNATURE: *Phillip R. Gentili* Via Fax 1-877-96(216)362-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)