

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:51

DOCUMENT # 804182 (4)

1. Corporation Name

AUSTIN COMPANY THE

Principal Place of Business

**3650 MAYFIELD ROAD
CLEVELAND HEIGHTS OH 44121
US**

Mailing Address

**3650 MAYFIELD ROAD
CLEVELAND HEIGHTS OH 44121
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/18/1933

3a. Date of Last Report

04/08/1994

4. FEI Number

34-0077640

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

AS

VETTEL, L. MARTIN

7331 BRIARWOOD DRIVE

MENTOR OH

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD

MELSOP, J. WILLIAM

31650 TRILLIUM TRAIL

PEPPER PIKE OH

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VP

ROE, GENE

7535 BAR HARBOUR LANE

MENTOR OH

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD

MORAN, RICHARD

7287 GLASTONBURY DR.

HUDSON OH

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD

BUETTNER, WILLIAM P.

34354 BRAMBLE LANE

OLON OH

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

STVP

HOBRATSKCH, M. GLENN

26300 VILLAGE LANE 3318

BEACHWOOD OH

13. Schedule Attached ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change

☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☒ Change

☒ Addition

VD

FLANAGAN, PATRICK B. (Delete ROE, GENE)

9536 East Washington

Chagrin Falls, OH 44023

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☒ Change

☐ Addition

V

3211 Kersdale Road

Pepper Pike, Ohio 44124

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☒ Change

☐ Addition

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 110.07(3)(b), 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: L. Martin Vettel

L. Martin Vettel, Assistant Secretary 3-24-95 (216)382-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filed #