2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 812595

1. Entity Name
AUSTIN POWDER COMPANY

Principal Place of Business	Mailing Address
25800 SCIENCE PARK DR. BEACHWOOD, OH 44122	25800 SCIENCE PARK DR. BEACHWOOD, OH 44122

01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-0077750
☐ Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	GLEASON, DAVID M.
STREET ADDRESS	25800 SCIENCE PARK DR
CITY-ST-ZIP	BEACHWOOD, OH 44122
TITLE	EVPD
NAME	GLEASON, MICHAEL A.
STREET ADDRESS	25800 SCIENCE PARK DRIVE
CITY-ST-ZIP	BEACHWOOD, OH 44122
TITLE	VPD
NAME	TRUE, DAVID P
STREET ADDRESS	36540 CHURCHILL DR.
CITY-ST-ZIP	SOLON, OH 44139
TITLE	ST
NAME	BENNETT, FRANK
STREET ADDRESS	25800 SCIENCE PARK DR
CITY-ST-ZIP	BEACHWOOD, OH 44122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000386992
01/19/06-80020-024 150.00

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #