

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 814474 (3)
1. Corporation Name
AMERICAN STERILIZER COMPANY



Principal Place of Business
2424 W. 23RD ST.
P.O. BOX 2026
ERIE PENNSYLVANIA 16506-2921

Mailing Address
~~2424 W. 23RD ST.~~
~~P.O. BOX 2026~~
~~ERIE PENNSYLVANIA 16506-2921~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 5960 Heisley Road
27 Suite, Apt. #, etc.
28 ATTN: Tax Department
29 City & State
30 Mentor, Ohio
31 Zip
32 44060
33 Country
34 USA

3. Date incorporated or Qualified
06/08/1960
4. FEI Number
25-0320960
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
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐

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
85 Zip Code
FL

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 _____

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	P	SANFORD, BILL R	5960 HEISLEY RD MENTOR OH	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE	V	KERESMAN, MICHAEL A III	5960 HEISLEY RD MENTOR OH	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE	V	REIS, GERALD J	5960 HEISLEY RD MENTOR OH	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE	S	DVORAK, DAVID C	5960 HEISLEY RD MENTOR OH	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE	T	PATTON, DENNIS P	5960 HEISLEY RD MENTOR OH	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I hereby certify that the information supplied with this filing 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 _____ DATE 1/23/98

CR2E034 (10/97)