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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 820713 (6)  
1. Corporation Name  
DURAMAX, INC.



Principal Place of Business  
16025 JOHNSON STREET  
MIDDLEFIELD OHIO 44062

Mailing Address  
16025 JOHNSON STREET  
MIDDLEFIELD OHIO 44062

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1967	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FCI Number 34-0317950	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, PAUL C JR	1.2 NAME	
STREET ADDRESS	16025 JOHNSON STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEFIELD OH	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, JAMES P	2.2 NAME	
STREET ADDRESS	16025 JOHNSON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEFIELD OH	2.4 CITY-ST-ZIP	
TITLE	AT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDAN, RUDY	3.2 NAME	
STREET ADDRESS	16025 JOHNSON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEFIELD OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, PAUL C.	4.2 NAME	
STREET ADDRESS	16025 JOHNSON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEFIELD OH	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, STANLEY M.	5.2 NAME	
STREET ADDRESS	2016 MIDWAY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TWINSBURG OH	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASKO, EDWARD J	6.2 NAME	
STREET ADDRESS	16025 JOHNSON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEFIELD OH	6.4 CITY-ST-ZIP	

14. I do 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

*[Signature]*

4/24/97

(214) 781-0462

CR2E034 (9/96)

D  
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D  
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