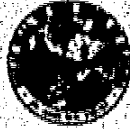


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 825411 (2)

1. Corporation Name
D-A LUBRICANT COMPANY, INC.

Principal Place of Business Mailing Address
**4500 EUCLID AVE
CLEVELAND OH 44103** **4500 EUCLID AVE
CLEVELAND OH 44103**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/24/1970	3a. Date of Last Report 05/01/1994
4. FEI Number 35-1167154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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. Suite, Apt. #, etc.	26. Suite, 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

**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

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

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	WRIGHT, PETER
STREET ADDRESS	1340 W. 29TH ST.
CITY - ST - ZIP	INDIANAPOLIS IN
TITLE	D
NAME	MANDEL, MORTON L
STREET ADDRESS	4415 EUCLID AVE.
CITY - ST - ZIP	CLEVELAND OH
TITLE	D
NAME	MANDEL, JACK N
STREET ADDRESS	4415 EUCLID AVE.
CITY - ST - ZIP	CLEVELAND OH
TITLE	D
NAME	MANDEL, JOSEPH C
STREET ADDRESS	4415 EUCLID AVE.
CITY - ST - ZIP	CLEVELAND OH
TITLE	D
NAME	SIMS, PHILIP
STREET ADDRESS	4415 EUCLID AVE.
CITY - ST - ZIP	CLEVELAND OH
TITLE	S
NAME	VLCEK, JOHN M (ASST)
STREET ADDRESS	4415 EUCLID AVE
CITY - ST - ZIP	CLEVELAND, OH 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANK, HOWARD P.	
1.3 STREET ADDRESS	4500 EUCLID AVE	
1.4 CITY - ST - ZIP	CLEVELAND OH 44103	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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 included 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 (change line or attachment with an address).

SIGNATURE: _____ DATE: **2-9-95** 216-361-4173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #