

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90010 041 ***150.00

DOCUMENT # 827241

1. Entity Name

DAYTON SUPERIOR CORPORATION



Principal Place of Business

7777 WASHINGTON VILLAGE DR
SUITE 130
DAYTON OH 45459
US

Mailing Address

7777 WASHINGTON VILLAGE DR
SUITE 130
DAYTON OH 45459
US

54018260



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-0676346**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CICCARELLI, JOHN A.	
STREET ADDRESS	2626 INDIAN WELLS DR.	
CITY-ST-ZIP	XENIA OH	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEIS, MICHAEL C.	
STREET ADDRESS	1245 LONG ROAD	
CITY-ST-ZIP	XENIA OH	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete
NAME	MCILROY, ALAN F.	
STREET ADDRESS	588 SHELburne LN	
CITY-ST-ZIP	CENTERVILLE OH 45458	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TARONJI, JAIME	
STREET ADDRESS	7777 WASHINGTON VILLAGE DR- STE 130	
CITY-ST-ZIP	DAYTON OH 45459	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STEWART, JAMES C.	
STREET ADDRESS	1183 WALNUT VALLEY LANE	
CITY-ST-ZIP	CENTERVILLE OH 45458	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RUTHERFORD, JOHN M.	
STREET ADDRESS	3736 INDIAN VIEW AVE	
CITY-ST-ZIP	CINCINNATI OH 45227	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen morrey	
STREET ADDRESS	7777 Washington Village Dr Ste 130	
CITY-ST-ZIP	Dayton OH 45459	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Austrauskas	
STREET ADDRESS	7777 Washington Village Dr Ste 130	
CITY-ST-ZIP	Dayton OH 45459	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond Bartholomae	
STREET ADDRESS	7777 Washington Village Dr Ste 130	
CITY-ST-ZIP	Dayton OH 45459	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Fisher	
STREET ADDRESS	7777 Washington Village Dr Ste 130	
CITY-ST-ZIP	Dayton OH 45459	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Huston	
STREET ADDRESS	200 East Towhy Ave	
CITY-ST-ZIP	Des Plaines IL 60017	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Roehrig	
STREET ADDRESS	7777 Washington Village Dr Ste 130	
CITY-ST-ZIP	Dayton OH 45459	

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

SIGNATURE:

Thomas W Roehrig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04

Date

937-428-7159

Daytime Phone #