

**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 MAY -1 PM 2: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **827527** (3)

1. Corporation Name  
**THE DURIRON COMPANY, INC.**

Principal Place of Business <b>3100 RESEARCH BLVD. P.O. BOX 8820 DAYTON OH 45401</b>	Mailing Address <b>3100 RESEARCH BLVD. P.O. BOX 8820 DAYTON OH 45401</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/23/1972</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>31-0267900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent

10. Name and Address of How Registered Agent

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

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

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 installing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD HADDICK, J.S. 501 SWEETWOOD LANE DAYTON, OH 0</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD JORAND, W.M. 8237 RHINE WAY DRIVE CENTERVILLE OH</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T SMITH, G. L. 1044 FOXSHIRE PLACE DAYTON OH</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GAZELEY, H J 330 WELLESLEY WAY DAYTON, OH 0</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S SHUFF, R.F. 1189 LYTLE 5 PTS E. DAYTON, OH 0</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V HINES, B.E. 5585 OAK VALLEY ROAD DAYTON OH</b>

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(k), 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 certain appointment with) an address.

SIGNATURE:

*G. L. Smith* G.L. Smith, Treasurer APR 12 5, 1995 513-476-4110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)