

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 827527 (3)
1. Corporation Name
THE DURIRON COMPANY, INC.



Principal Place of Business: **3100 RESEARCH BLVD. P.O. BOX 8820 DAYTON OH 45401**
Mailing Address: **3100 RESEARCH BLVD. P.O. BOX 8820 DAYTON OH 45401**

3. Date Incorporated or Qualified: **02/23/1972**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **31-0267900**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

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: ED	NAME: HADDICK, J.S.	1.1 TITLE	1.2 NAME
STREET ADDRESS: 501 SWEETWOOD LANE	CITY-ST-ZIP: DAYTON, OH 0	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE: PD	NAME: JORDAN, W.M.	2.1 TITLE	2.2 NAME
STREET ADDRESS: 8237 RHINE WAY DRIVE	CITY-ST-ZIP: CENTERVILLE OH	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE: T	NAME: SMITH, G. L.	3.1 TITLE	3.2 NAME
STREET ADDRESS: 1044 FOXSHIRE PLACE	CITY-ST-ZIP: DAYTON OH	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE: D	NAME: GREEN, E.	4.1 TITLE	4.2 NAME
STREET ADDRESS: 5880 BATSFORD DR.	CITY-ST-ZIP: CENTERVILLE OH	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE: S	NAME: SHUFF, R.F.	5.1 TITLE	5.2 NAME
STREET ADDRESS: 1189 LYTLE 5 PTS E.	CITY-ST-ZIP: DAYTON, OH 0	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE: V	NAME: HINES, B.E.	6.1 TITLE	6.2 NAME
STREET ADDRESS: 4117 N. LAKESHORE DR.	CITY-ST-ZIP: JAMESTOWN OH	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 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: *G.L. Smith* **G.L. SMITH** **TREASURER** **4/12/96** **(513) 476-6110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)