

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 31-0267900	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New 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
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Chairman & Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JORDAN, W M			1.2 NAME	Rethore, B.G.		
STREET ADDRESS	8237 RHINE WAY DRIVE			1.3 STREET ADDRESS	6533 E. MAVERICK RD		
CITY-ST-ZIP	CENTERVILLE OH			1.4 CITY-ST-ZIP	Paradise Valley, AZ 85253		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	Same	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JORDAN, W.M.			2.2 NAME	Same		
STREET ADDRESS	8237 RHINE WAY DRIVE			2.3 STREET ADDRESS	7609 Southwestern Blvd.		
CITY-ST-ZIP	CENTERVILLE OH			2.4 CITY-ST-ZIP	Dallas, TX 75225		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, G. L.			3.2 NAME	Same		
STREET ADDRESS	945 DEER RUN ROAD			3.3 STREET ADDRESS	Same		
CITY-ST-ZIP	CENTERVILLE OH			3.4 CITY-ST-ZIP	Same		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GREEN, E.			4.2 NAME	Coble, H.K.		
STREET ADDRESS	5880 BATSFORD DR.			4.3 STREET ADDRESS	1941 Derby Dr.		
CITY-ST-ZIP	CENTERVILLE OH			4.4 CITY-ST-ZIP	Santa Ana, CA 92705		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	Same	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHUFF, R.F.			5.2 NAME	Same		
STREET ADDRESS	1189 LYTLE 5 PTS E.			5.3 STREET ADDRESS	1605 Forest Vista Court		
CITY-ST-ZIP	DAYTON, OH 0			5.4 CITY-ST-ZIP	Southlake, TX 76092		
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HINES, B.E.			6.2 NAME	McNeal, C. D.		
STREET ADDRESS	4117 N. LAKESHORE DR.			6.3 STREET ADDRESS	6630 Portrair Dr.		
CITY-ST-ZIP	JAMESTOWN OH			6.4 CITY-ST-ZIP	Dayton, OH 45415		

14. 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 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: *S. L. Smith* 4/24/98 (937) 476-6110

CR2E034 (10/97)