

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

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**Aug 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836037
1. Corporation Name
TREMCO SERVICE CORPORATION

Principal Place of Business 3735 Green Rd 3925 Embassy Parkway Beachwood OH 44122 US	Mailing Address 3925 Embassy Pky 3925 Embassy Parkway Akron OH 44333-799 US
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3. Date Incorporated or Qualified 03/26/1976	3a. Date of Last Report 04/28/1996
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2. Principal Place of Business 21 3735 Green Road Suite, Apt. #, etc. 22	2a. Mailing Address 26 3735 Green Road Suite, Apt. #, etc. 27
City & State 23 Beachwood, OH	City & State 28 Beachwood, OH
Zip 24 44122-5718	Country 25 USA
Zip 29 44122-5718	Country 30 USA

4. FEI Number 34-0930570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Vinney, Les C		1.2 NAME Korach, Jeffrey L	
STREET ADDRESS 3735 Green Road		1.3 STREET ADDRESS 3735 Green Road	
CITY-ST-ZIP Beachwood, OH		1.4 CITY-ST-ZIP Beachwood, OH 44122-5718	
TITLE S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Calise, Nicholas J		2.2 NAME Graessle, William S	
STREET ADDRESS 3925 Embassy Parkway		2.3 STREET ADDRESS 3735 Green Road	
CITY-ST-ZIP Akron, OH		2.4 CITY-ST-ZIP Beachwood, OH 44122-5718	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME McMillan, Robert A		3.2 NAME Jachnycky, Anthony M	
STREET ADDRESS 3925 Embassy Parkway		3.3 STREET ADDRESS 3735 Green Road	
CITY-ST-ZIP Akron, OH		3.4 CITY-ST-ZIP Beachwood, OH 44122-5718	
TITLE AS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME McGinley, Mark D		4.2 NAME Tierney, James L	
STREET ADDRESS 3735 Green Road		4.3 STREET ADDRESS 3735 Green Road	
CITY-ST-ZIP Beachwood, OH		4.4 CITY-ST-ZIP Beachwood, OH 44122-5718	
TITLE AS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Taffi, Joan M		5.2 NAME	
STREET ADDRESS 3925 Embassy Parkway		5.3 STREET ADDRESS	
CITY-ST-ZIP Akron, OH		5.4 CITY-ST-ZIP	
TITLE VPAT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Sherwood, George K		6.2 NAME	
STREET ADDRESS 3925 Embassy Parkway		6.3 STREET ADDRESS	
CITY-ST-ZIP Akron, OH		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **James L. Tierney, Secretary** **7/29/97** **216/292-5156**

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