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 # **836419** **(2)**

1. Corporation Name

POLYTECH OF OHIO, INC.

Principal Place of Business	Mailing Address
1744 PAYNE AVE **CLEVELAND OH 44114**	**1744 PAYNE AVE** **CLEVELAND OH 44114**

3. Date Incorporated or Qualified: **05/27/1976**

3a. Date of Last Report: **08/23/1995**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number: **34-1045780** ☐ Applied For ☐ Not Applicable

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

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 **FL** 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 _____ DATE

Signature, typed or printed name of registered agent and the date as to the agent's acceptance. NOTE: Registered Agent Signature is required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BLISS, NORMAN R.		1.2 NAME	
STREET ADDRESS	1744 PAYNE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OH 00000		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, BABU K.		2.2 NAME	
STREET ADDRESS	1744 PAYNE AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 00000		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, ROBERT V.		3.2 NAME	
STREET ADDRESS	2735 COLDSPR TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA		3.4 CITY-ST-ZIP	
TITLE	DVT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KENDRICK, MILTON B.		4.2 NAME	
STREET ADDRESS	1744 PAYNE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 00000		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SAINI, BAL R		5.2 NAME	
STREET ADDRESS	1744 PAYNE AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, DAVID L		6.2 NAME	
STREET ADDRESS	2925 BRIARPARK DR, STE 950		6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Norman R. Bliss *Norman R Bliss* 6/25/96 (216) 696-3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #