


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

FILED
Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90069 035 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854067

1. Corporation Name
STANLEY STEEMER INTERNATIONAL, INC.

Principal Place of Business 5500 STANLEY STEEMER PARKWAY DUBLIN OH 43016 US	Mailing Address 5500 STANLEY STEEMER PARKWAY DUBLIN OH 43016-2004 US
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3. Date Incorporated or Qualified 09/15/1982	
4. FEI Number 31-0366455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BATES, WESLEY C.	
STREET ADDRESS	5045 SQUIRREL BEND	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	RYSER, PHILLIP P.	
STREET ADDRESS	2243 ASHBURY CLOSE	
CITY-ST-ZIP	POWELL OH	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BUNNER, MARK V	
STREET ADDRESS	5612 GREYSTONE LANE	
CITY-ST-ZIP	HILLIARD OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TASK, HOWARD	
STREET ADDRESS	2433 COLLINS DRIVE	
CITY-ST-ZIP	WORTHINGTON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, DAVID	
STREET ADDRESS	2454 KENSINGTON, DRIVE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDS, R.L.	
STREET ADDRESS	8407 GLENEAGLES CT.	
CITY-ST-ZIP	DUBLIN OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, with all other like empowered.

SIGNATURE: _____ DATE: 1/15/99 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)