


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 855052
 1. Entity Name
 KOOL SEAL INC.



Principal Place of Business Mailing Address
 1499 ENTERPRISE PKWY 1499 ENTERPRISE PKWY
 TWINSBURG, OH 44087 TWINSBURG, OH 44087

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 34-1032600 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

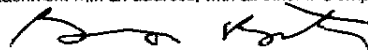
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000036264
 02/06/04-80052-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, WILLIAM 1499 ENTERPRISE PKWY TWINSBURG, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ULLIVAN, PETER 1499 ENTERPRISE PKWY TWINSBURG, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HUDAK, S.R. 1499 ENTERPRISE PKWY TWINSBURG, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, BRIAN 1499 ENTERPRISE PARKWAY TWINSBURG, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOHN 1499 ENTERPRISE PKWY TWINSBURG, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAROS, STANLEY T. 30195 CHAGRIN BLVD PEPPER RIDGE, OH

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 330 405 1604
 Date Daytime Phone #