


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 857788 1. Entity Name THE TRANZONIC COMPANIES	
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Principal Place of Business 670 ALPHA DRIVE HIGHLAND HTS, OH 44143 US	Mailing Address 670 ALPHA DRIVE HIGHLAND HTS, OH 44143 US
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01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-0664235	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MENARO, ALLEN H 670 ALPHA DRIVE HIGHLAND HTS, OH 44143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CIRA, CHRISTOPHER T 670 ALPHA DRIVE HIGHLAND HTS, OH 44143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DOF FRIEDL, THOMAS S 670 ALPHA DRIVE HIGHLAND HTS, OH 44143
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000000483036
04/11/06-80101-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Allen H. Menaro 3.21.06 440.449.6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #