

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90472 010 ***150.00

DOCUMENT # 857788

1. Entity Name
THE TRANZONIC COMPANIES



Principal Place of Business
**670 ALPHA DRIVE
HIGHLAND HTS, OH 44143 US**

Mailing Address
**670 ALPHA DRIVE
HIGHLAND HTS, OH 44143 US**

60045367



01042007 Chg-P CR2E034 (12/06)

4. FEI Number
34-0664235

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **MENARO, ALLEN H**
STREET ADDRESS **670 ALPHA DRIVE**
CITY-ST-ZIP **HIGHLAND HTS, OH 44143**

TITLE **VP** ☐ Delete
NAME **CIRA, CHRISTOPHER T**
STREET ADDRESS **670 ALPHA DRIVE**
CITY-ST-ZIP **HIGHLAND HTS, OH 44143**

TITLE **DOF** ☒ Delete
NAME **FRIEDL, THOMAS S**
STREET ADDRESS **670 ALPHA DRIVE**
CITY-ST-ZIP **HIGHLAND HTS, OH 44143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **KENNETH VOYLSTEKE**
STREET ADDRESS **670 ALPHA DR.**
CITY-ST-ZIP **HIGHLAND HTS, OH 44143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR of FINANCE** ☒ Change ☐ Addition
NAME **PATRICK FITZMAURICE**
STREET ADDRESS **670 ALPHA DR.**
CITY-ST-ZIP **HIGHLAND HTS, OH 44143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

DANIEL SANCHEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.07

Date

440.449 6530

Daytime Phone #