

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F00000000096

1. Entity Name
STONERIDGE, INC.



Principal Place of Business
9400 EAST MARKET STREET
WARREN, OH 44484

Mailing Address
9400 EAST MARKET STREET
WARREN, OH 44484

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

City & State
Zip

04292005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

Country
6. Name and Address of Current Registered Agent

\$8.75 Additional
Fee Required

C T CORPORATION SYSTEM
1200 SOUTH 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PISANI, GERALD
STREET ADDRESS 9400 EAST MARKET STREET
CITY-ST-ZIP WARREN, OH 44484

Delete

TITLE D
NAME JOHN C COREY
STREET ADDRESS 41 Stevens Street
CITY-ST-ZIP Greenville, SC 29605

Change Addition

TITLE VT
NAME MALLAK, JOSEPH
STREET ADDRESS 9400 EAST MARKET STREET
CITY-ST-ZIP WARREN, OH 44484

Delete

TITLE D
NAME DOUGLAS C JACOBS
STREET ADDRESS 76 Low Grouza
CITY-ST-ZIP Berea, OH 44017

Change Addition

TITLE SD
NAME COHEN, AVERY S
STREET ADDRESS 4096 CARROLL BLVD.
CITY-ST-ZIP UNIVERSITY HEIGHTS, OH

Delete

TITLE D
NAME WILLIAM M LASKY
STREET ADDRESS 13224 Fountainhead Plaza
CITY-ST-ZIP Hagerstown, MD 21742

Change Addition

TITLE CD
NAME DRAIME, DAVIE M
STREET ADDRESS 400 HUNTERS HOLLOW
CITY-ST-ZIP WARREN, OH 44484

Delete

TITLE D
NAME EARL L LINEHAN
STREET ADDRESS 515 Fairmount Ave, Ste 400
CITY-ST-ZIP Towson, MD 21286

Change Addition

TITLE D
NAME CHENEY, RICHARD
STREET ADDRESS 25 WEST 81ST STREET, APT. 5-A
CITY-ST-ZIP NEW YORK, NY 10024

Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME EPSTEIN, SHELDON J
STREET ADDRESS 9400 EAST MARKET STREET
CITY-ST-ZIP WARREN, OH 44484

Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 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

JOE MALLAK - CFO 5/9/05

Date

330-856-2443
Daytime Phone #