

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90002 004 ***150.00

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**



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1598949

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM C/O PETER F. SOUZA
1200 SOUTH 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, 2008 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	PD COREY, JOHN C 9400 EAST MARKET STREET WARREN, OH 44484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, DOUGLAS C 76 LOU GROZA BEREA, OH 44017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, AVERY S 4096 CARROLL BLVD. UNIVERSITY HEIGHTS, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DRAIME, JEFFREY P 9400 EAST MARKET STREET WARREN, OH 44484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASKY, WILLIAM M 9400 EAST MARKET STREET WARREN, OH 44484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPSTEIN, SHELDON J 9400 EAST MARKET STREET WARREN, OH 44484

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE E. STRICKLER CFO 04-29-08 (330)856-2443

Date

Daytime Phone #

ATTACHMENT

STONERIDGE, INC.
DOCUMENT #F00000000096
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40107497

ITEM 10 CONTINUED (OFFICERS AND DIRECTORS):

TITLE	D
NAME	LINEHAN, EARL L
STREET ADDRESS	9400 EAST MARKET STREET
CITY - ST- ZIP	WARREN, OH 44484

TITLE	D
NAME	KORTH, KIM
STREET ADDRESS	9400 EAST MARKET STREET
CITY - ST- ZIP	WARREN, OH 44484