


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F01000005956 1. Entity Name NOVAR CONTROLS CORPORATION |  |
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| Principal Place of Business 6060 ROCKSIDE WOODS BLVD CLEVELAND, OH 44131 | Mailing Address 10931 LAUREATE DR SAN ANTONIO, TX 78249 |
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02112005 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 52-2205902 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000 |
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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

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|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000253975 03/07/05-80055-012 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DSV LECKIE, ROBERT B 10931 LAUREATE DRIVE SAN ANTONIO, TX 78249 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVT STANKEY, DANIEL J 6060 ROCKSIDE WOODS BLVD CLEVELAND, OH 44131 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V SIMMONS, PAT M 2 CORPORATE DRIVE #210 TRUMBULL, CT 06611 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V KEENER, DEBRA W 10931 LAUREATE DRIVE SAN ANTONIO, TX 78249 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP WHITING, IAN 75 TRI-STATE INTERNATIONAL STE 450 LINCOLNSHIRE, IL 60069 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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: Robert B. Leckie **Feb. 17, 2005** **210-690-6172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #