

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000001641

1. Entity Name

RELANCE ARMOR SYSTEMS INC.



Principal Place of Business

3107 3111 SPRING GROVE AVE.
CINCINNATI OH 45225-1821

Mailing Address

3107 3111 SPRING GROVE AVE.
CINCINNATI OH 45225-1821

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

NO-T APPLICABLE

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

HULKOWER, MELVIN
280 LOCK ROAD
DEARFIELD BEACH FL 33442

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

MELVIN HULKOWER

2/1/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 CPT
NAME MANGOLD, MELISSA
STREET ADDRESS 10453 HOPEWELL HILLS
CITY-ST-ZIP CINCINNATI OH 45249

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000070189
03/01/04-80035-012 150.00

☐ Change ☐ Addition

TITLE VC
NAME MANGOLD, TOM
STREET ADDRESS 3316 HAMMERSMITH LANE
CITY-ST-ZIP CINCINNATI OH 45248

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MANGOLD, TERESA
STREET ADDRESS 3316 HAMMERSMITH LANE
CITY-ST-ZIP CINCINNATI OH 45248

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME BUDKE, DON
STREET ADDRESS 6292 COUNCILRIDGE COURT
CITY-ST-ZIP LOVELAND OH 45140

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME BRAMMALL, PAMELA
STREET ADDRESS 2846 LINDALE MT. HOLLY
CITY-ST-ZIP CINCINNATI OH 45140

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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

DON Budke 2/18/04 513-742-7100

Date

Daytime Phone #