

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002246

FILED
Jan 05, 2006
Secretary of State

Entity Name: COUPLED PRODUCTS, INC.

Current Principal Place of Business:

4500 DORR STREET
TOLEDO, OH 43615

New Principal Place of Business:

Current Mailing Address:

C/O PO BOX 1000
TOLEDO, OH 43697

New Mailing Address:

FEI Number: 16-1638371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: RICHARD, HARMAN
Address: 4500 DORR STREET
City-St-Zip: TOLEDO, OH 43615

Title: P () Delete
Name: MOYER, KEVIN P
Address: 2910 WATERVIEW DR.
City-St-Zip: ROCHESTER HILLS,, MI 483093484

Title: VPT () Delete
Name: PATON, A. GLENN
Address: 4500 DORR STREET
City-St-Zip: TOLEDO, OH 43615

Title: SEC () Delete
Name: WURSTER, LISA A
Address: 4500 DORR STREET
City-St-Zip: TOLEDO, OH 43615

Title: AT () Delete
Name: CZARKA, CHRISTOPHER J
Address: 4500 DORR STREET
City-St-Zip: TOLEDO, OH 43615

Title: AS () Delete
Name: WHETRO, THERESA S
Address: 4500 DORR STREET
City-St-Zip: TOLEDO, OH 43615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change () Addition
Name: MULAWA, TERESA
Address: 4500 DORR STREET
City-St-Zip: TOLEDO, OH 43615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER CZARKA

AT

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date