2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State
05-21-2007 90048 045 ***150.00

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1. Entity Name
EPM FOAM CONTROL HOLDING CORP.

40116706

Principal Place of Business	Mailing Address
2020 FRONT STREET, SUITE 100 CUYAHOGA FALLS, OH 44221	2020 FRONT STREET, SUITE 100 CUYAHOGA FALLS, OH 44221

02282007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4760906 ☐ 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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KING, T. SCOTT		NAME		
STREET ADDRESS	5200 TOWN CENTER CIRCLE SUITE 470		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SKILLEN, R. LYNN		NAME		
STREET ADDRESS	5200 TOWN CENTER CIRCLE SUITE 470		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE	DP	☑ Change ☐ Addition
NAME	HOLLERAN, THOMAS M		NAME	HOLLERAN, THOMAS M	
STREET ADDRESS	9911 BRECKSVILLE RD		STREET ADDRESS	2020 FRONT STREET, SUITE 100	
CITY-ST-ZIP	CLEVELAND, OH 44141		CITY-ST-ZIP	CUYAHOGA FALLS, OH 44221	
TITLE	CEO	☐ Delete	TITLE	CEO	☑ Change ☐ Addition
NAME	HOLLERAN, THOMAS M		NAME	HOLLERAN, THOMAS M	
STREET ADDRESS	9911 BRECKSVILLE RD		STREET ADDRESS	2020 FRONT STREET, SUITE 100	
CITY-ST-ZIP	CLEVELAND, OH 44141		CITY-ST-ZIP	CUYAHOGA FALLS, OH 44221	
TITLE	CFOT	☐ Delete	TITLE	CFOT	☑ Change ☐ Addition
NAME	WAGNER, CANDACE M		NAME	WAGNER, CANDACE M	
STREET ADDRESS	9911 BRECKSVILLE RD		STREET ADDRESS	2020 FRONT STREET, SUITE 100	
CITY-ST-ZIP	CLEVELAND, OH 44141		CITY-ST-ZIP	CUYAHOGA FALLS, OH 44221	
TITLE	VPS	☐ Delete	TITLE	VPS	☑ Change ☐ Addition
NAME	MOORE, MICHAEL P		NAME	MOORE, MICHAEL P	
STREET ADDRESS	9911 BRECKSVILLE RD		STREET ADDRESS	2020 FRONT STREET, SUITE 100	
CITY-ST-ZIP	CLEVELAND, OH 44141		CITY-ST-ZIP	CUYAHOGA FALLS, OH 44221	

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: Candace M Wagner 5/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AGENT