SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:52

DOCUMENT # F93000002780 (5)

1. Corporation Name

AMERICAN CONSUMER PRODUCTS, INC.

Principal Place of Business	Mailing Address
31100 SOLON ROAD SOLON OH 44139	31100 SOLON ROAD SOLON OH 44139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/16/1993**
3a. Date of Last Report: **08/17/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **34-1376833** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL KKKKK-KKKK

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☒ Addition
TITLE	VP	11 TITLE	D	
NAME	FALCH, JOEL M.	12 NAME	Hulse, Frank W	
STREET ADDRESS	31100 SOLON RD	13 STREET ADDRESS	31100 Solon Road	
CITY-ST-ZIP	SOLON OH	14 CITY-ST-ZIP	Solon, OH 44139	
TITLE	VP/D	21 TITLE		☐ Change ☐ Addition
NAME	BERN, RICHARD F	22 NAME		
STREET ADDRESS	31100 SOLON ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	SOLON OH 44139	24 CITY-ST-ZIP		
TITLE	P/T/D	31 TITLE		☐ Change ☐ Addition
NAME	Cole, Stephen W.	32 NAME		
STREET ADDRESS	31100 Solon Road	33 STREET ADDRESS		
CITY-ST-ZIP	Solon OH 44139	34 CITY-ST-ZIP		
TITLE	AS	41 TITLE		☐ Change ☐ Addition
NAME	Burmeister, Cynthia L.	42 NAME		
STREET ADDRESS	31100 Solon Road	43 STREET ADDRESS		
CITY-ST-ZIP	Solon OH 44139	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	Bank, Melvin E.	52 NAME		
STREET ADDRESS	31100 Solon Road	53 STREET ADDRESS		
CITY-ST-ZIP	Solon, OH 44139	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	Cole, Jeffery A.	62 NAME		
STREET ADDRESS	31100 Solon Road	63 STREET ADDRESS		
CITY-ST-ZIP	Solon OH 44139	64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joel M Falch Vice President-Finance 6/9/95 216-248-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOEL M. FALCK

0176000 FP