## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporation RITTAL	MENT # F93000 CORP.	0003720 (0)			mill -
Principal Plac	ce of Business	Mailing Address		A STATE OF THE STA	
ONE RITTAL PLACE SPRINGFIELD OH 45504 ONE RITTAL PLACE SPRINGFIELD OH 45504		•	•		
				3. Date Incorporated or Qualified 08/16/1993	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
2. Principal F	2. Principal Place of Business 2a. Mailing Address		,	4. FEI Number 31-1029409	Applied For Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 Cdy & Stal		City & State			Fee Required
23	_ ' <b> </b> '			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre		81 Name	10. Name and Address of New Re	egistered Agent
	PRENTICE-HALL CORPORATION	N SYSTEM INC.	oi ivanie		
	1 Hays street Te 105		62 Street A	ddress (P.O. Box Number is Not Accepta	ble)
	LAHASSEE FL 32301		63		<u> </u>
17364	544000016 00001		44 64		
			84 City		FL 85 Zip Code
agent La	am familiar with, and accept the oblig Signature typed or printed name of registered ag	gations of, Section 607.0505, Figure and title if applicable (NOT	Orida Statutes. E: Regislered Agent signature r		MAR 2 7 1997
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 TIYLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change Addition
NAME	WAGNER, HANS J	Detrie	1.2 NAME	one R Hal Place	CI CHIANGE (KS MOUNT)
STREET ADDRESS	ONE RITTAL PLACE		1.3 STREET ADDRESS	one R + tal place	
CITY-ST-ZIP	SPRINGFIELD OH		1.4 CITY - ST - ZIP	springfield shi	•
TITLE	VO	☐ DELETE	2.1 TITLE		Change Addition
NAME	FREUND, HAROLD		2.2 NAME		
STREET ADDRESS	ONE RITTAL PLACE SPRINGFIELD OH		2.3 STREET ADDRESS		
CHT+-ST-ZIP TITLE	D D	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	NORBERT MUELLER	LJ OLCCIT	3.2 NAME		T outside The Salardon
STREET ADDRESS	AVF DEM STEVTZELBERG		3.3 STREET ADDRESS		
CITY-ST-ZIP	D-35745 HERBORN GE		3.4. CITY-ST-ZIP		
TITLE	<b>V</b>	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEIST, JAMES		4. 2 NAME		
STREET ADDRESS	ONE RITTAL PLACE SPRINGFIELD OH 45504		4.3 STREET ADDRESS		,
CITY-ST-ZIP DTLE	SPRINGFIELD OF 45504	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	BORABABY, GEORGE	M Affect	5.2 NAME		//
STREET ADDRESS	ACCA II ATOPPE MISS		5.3 STREET ADDRESS		4/10 (/2)0/00
CITY - ST - ZIP	WASHINGTON DC		5.4 CITY-ST-ZIP		11/11/11/17
TITLE	CD	DELETE	6 1 TITLE		Change Addition
NAME	LOH, FRIEDHELM		6.2 NAME	70000216 -05/02/97010	52 (日 ( 01011
STREET ADDRESS		u	6.3 STREET ADDRESS	***165.00	01011
CITY-ST-ZIP	D-35745 HERBORN, GERMAN	7	64 CITY-ST-ZIP	<u> </u>	

14. I do 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 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 of the receiver or thatee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 607 on an attachment with an address.

SIGNATURE:

**FILED** 

Apr 29 1997 8:00am

Secretary of State

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