FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F93000004586 (4)**

1. Corporation Name
DENISON HYDRAULICS, INC.

Principal Place of Business	Mailing Address
14249 INDUSTRIAL PARKWAY MARYSVILLE OH 43040	14249 INDUSTRIAL PARKWAY MARYSVILLE OH 43040-9504

3. Date Incorporated or Qualified: 10/06/1993
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 76-0085919 ☐ 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 33324

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	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KEITH, COLIN		1.2 NAME	
STREET ADDRESS	767 THIRD AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017		1.4 CITY-ST-ZIP	
TITLE	PT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WEIR, DAVID L		2.2 NAME	
STREET ADDRESS	14249 INDUSTRIAL PARKWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	MARYSVILLE OH		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRAG, ANDRES		3.2 NAME	
STREET ADDRESS	650 MADISON AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GITTES, HARRY		4.2 NAME	
STREET ADDRESS	650 MADISON AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MUSTACCHIO, ANTHONY D.		5.2 NAME	
STREET ADDRESS	14249 INDUSTRIAL PARKWAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	MAYSVILLE OH		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: Anthony D. Mustacchio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 1997
Date

(937) 644-3915
Daytime Phone #