2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # F93000004586 04-01-2004 90009 002 ***150.00 1. Entity Name DENISON HYDRAULICS, INC. Mailing Address Principal Place of Business 44023249 14249 INDUSTRIAL PARKWAY 14249 INDUSTRIAL PARKWAY MARYSVILLE, OH 43040 MARYSVILLE, OH 43040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 76-0085919 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CD TITLE Delete TITLE ☐ Change Addition KEITH, COLIN NAME NAME STREET ADDRESS 551 MADISON AVE. 7TH FL. STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME WEIR, DAVID L NAME STREET ADDRESS 14249 INDUSTRIAL PARKWAY STREET ADDRESS CITY-ST-7IP MARYSVILLE, OH CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition BRAG, ANDRES NAME NAME STREET ADDRESS STREET ADDRESS 551 MADISON 7TH FL. CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10022 TITLE ☐ Delete TITLE" Change ☐ Addition NAME SMITH, BRUCE NAME STREET ADDRESS 14249 INDUSTRIAL PKWY STREET ADDRESS CITY-ST-ZIP MARYSVILLE, OH 43040 CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF S

29-Mar-04

937-644 4410 Daytime Phone #

FILED