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FILED
Apr 29 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 # F94000000346 (6)

1. Corporation Name

GOULD ELECTRONICS INC.



Principal Place of Business

35129 CURTIS BLVD.
EASTLAKE OH 44095-4401

Mailing Address

35129 CURTIS BLVD.
EASTLAKE OH 44095-4022

2. Principal Place of Business

21 34929 CURTIS BLVD.
Suite, Apt. #, etc.

22 City & State

23 EASTLAKE OH

24 44095-4001

Country

2a. Mailing Address

26 34929 CURTIS BLVD.
Suite, Apt. #, etc.

27 City & State

28 EASTLAKE OH

29 44095-4001

Country

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

13-3483110

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	FERGUSON, C D	
STREET ADDRESS	35129 CURTIS BLVD.	
CITY - ST - ZIP	EASTLAKE OH 44095	
TITLE	DCOB	<input type="checkbox"/> DELETE
NAME	KASAHARA, YUKIO	
STREET ADDRESS	10-1, TORANOMON 2-CHOME/NIKKO KYODO CO.	
CITY - ST - ZIP	TOKYO	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	KANARI, YOSHIKA	
STREET ADDRESS	35129 CURTIS BLVD.	
CITY - ST - ZIP	EASTLAKE OH	
TITLE	VGCS	<input type="checkbox"/> DELETE
NAME	VEYSEY, MICHAEL C	
STREET ADDRESS	35129 CURTIS BLVD.	
CITY - ST - ZIP	EASTLAKE OH 44095	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAY, ALVA O	
STREET ADDRESS	ONE STATE STREET	
CITY - ST - ZIP	NEW YORK NY 10004	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	34929 CURTIS BLVD.
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	34929 CURTIS BLVD.
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	34929 CURTIS BLVD.
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	6 JOHNNYCAKE HILL
5.4 CITY - ST - ZIP	OLD LYME CT 06371
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

(216) 953-5000

Date

Daytime Phone #

CR2E034 (9/96)