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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000476

1. Corporation Name

CUTLER-	HAMMER INC.								***************************************	
Principal Place	of Pusiness	Mailing Address					# 	1011) 60131 0	1	FB(0 0)(t 1 0) 3
1111 SUPERIOR CLEVELAND OH	AVE.	1111 SUPERIOR AVE ATTN TAX DEPARTMENT								
		CLEVELAND OH 44114					DO NOT WRITE	IN THIS	SPACE	
		US					3. Date Incorporated or Qualifed			
							01/31/1994		1 1 0 0 0	lied Fee
Principal Place of Business 2a. Mailing Address							4. FEI Number		 	lied For
21 26							34-1756467	:		Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.	¬				5. Certifcate of Status Desired		\$8.75 A Fee Rec	
City & State City & State							6. Election Campaign Financing	П	\$5.00	May Be
23		28	8			. —	- Trust Fund Contribution -	. <u></u>	Added to	Fees
Zip	Zip	Country				8. This corporation owes the current year Intangible				
24	25 29 30						Personal Property Tax. Yes No			
g. Name and Address of Current Registered Age							10. Name and Address of New Re	gistered A	Agent	
				81	Name		·			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33325				83						
				84	City			FL.	85 Zip C	ode
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Standarder, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								changing its itment as reg	registered jistered	
12.	OFFICERS AND		13.	rigari	T Signot		ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTO	RS IN 12
TITLE			_	1.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition
NAME			12 N	1.2 NAME						
	1111 SUPERIOR AVE.			13 STREET						
STREET ADDRESS	CLEVELAND OH 44114			1.4 CITY-ST-ZIP						
CITY-ST-ZIP	V	DELETE 2.1			T7				Change	K Addition
TITLE	·			i I		Rav	vöt, B. K.		_ ,	_
NAME	THEOLIN, OCIVIED O		i i				ll Superior Ave.			
STREET ADDRESS	THE GOLDHOLL WE						eveland, OH 44114			
CITY-ST-ZIP	CLEVELAND OH 44114	EVELANU OH 44114 2.4 X DELETE 3.1			I-ZIP	D	everand, on 44114		Change	₹ Addition
TITLE						_	1		C	٠٠٠٠٠ ريم
NAME	DECITETE, SOCETTIC						erlein, G. L			Ì
STREET ADDRESS	17. 00. 201. /1.2.						ll Superior Ave.			
CITY-ST-ZIP	CLEVELAND OH 44114			ITY-S	T- ZIP	Cleveland, OH 44114			Change	Addition
TITLE	- 4		4.1 ₹			1			L., onungo	
NAME	PARMENTER, ROBERT E		4.21							
STREET ADDRESS	THE COLUMN AVE				ADDRESS					
CITY-ST-ZIP	CLEVELAND OH			ITY-S	T-ZIP	ļ			☐ Change	Addition
TITLE	Ŭ		5.1 TI					ć.,	- Change	
NAME	FRANKLIN, EARL R		5.2 N					. •	•	
STREET ADDRESS	1111 SUPERIOR AVE.				ADDRESS	1				
CITY-ST-ZIP	CLEVELAND ON THIN			ITY-S	T-ZIP	<u> </u>				□ Addition
TITLE	AS	☐ DELETE	6.1 T	IILE					Change	Addition

14. I 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 affachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

HORST, J. ROBERT

1111 SUPERIOR AVE.

CLEVELAND OH 44114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Franklin, V.P. & Secretary Date

2-8-99

216/523-5000

Daytime Phone #