

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90159 021 ***150.00

DOCUMENT # F94000000476

1. Entity Name
CUTLER-HAMMER INC.

Principal Place of Business

**1111 SUPERIOR AVE.
 CLEVELAND OH 44114**

Mailing Address

**1111 SUPERIOR AVE
 ATTN TAX DEPARTMENT
 CLEVELAND OH 44114
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1756467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33325**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUTLER, ALEXANDER M	
STREET ADDRESS	1111 SUPERIOR AVE.	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAWOT, B K	
STREET ADDRESS	1111 SUPERIOR AVE.	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARSON, R.W.	
STREET ADDRESS	1111 SUPERIOR AVE.	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	PARMENTER, ROBERT E	
STREET ADDRESS	1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FRANKLIN, EARL R	
STREET ADDRESS	1111 SUPERIOR AVE.	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORST, J. ROBERT	
STREET ADDRESS	1111 SUPERIOR AVE.	
CITY-ST-ZIP	CLEVELAND OH 44114	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

and Secretary

4/18/02

216/523-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)