

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001652 (6)**
1. Corporation Name

MARINE MECHANICAL CORPORATION



Principal Place of Business: **23555 EUCLID AVE CLEVELAND OH 44117**
Mailing Address: **23555 EUCLID AVE CLEVELAND OH 44117**

3. Date Incorporated or Qualified: **03/31/1994**
3a. Date of Last Report: **06/21/1995**
4. FEI Number: **34-1761908**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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
85. Zip Code: **FL**

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: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | NUZZO, S.J. | |
| STREET ADDRESS | 23555 EUCLID AVE | |
| CITY - ST - ZIP | CLEVELAND OH | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NINER, RICHARD T | |
| STREET ADDRESS | 23555 EUCLID AVE | |
| CITY - ST - ZIP | CLEVELAND OH | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HARTONG, HENDRIK J JR | |
| STREET ADDRESS | 23555 EUCLID AVE | |
| CITY - ST - ZIP | CLEVELAND OH | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GRIFFITHS, CHARLES H | |
| STREET ADDRESS | 23555 EUCLID AVE | |
| CITY - ST - ZIP | CLEVELAND OH | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GAGNE, LUCIEN E | |
| STREET ADDRESS | 23555 EUCLID AVE | |
| CITY - ST - ZIP | CLEVELAND OH | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HARTWIG, ALAN E | |
| STREET ADDRESS | 23555 EUCLID AVE | |
| CITY - ST - ZIP | CLEVELAND OH | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 11 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | ARTUSO, JOHN D. | |
| 13 STREET ADDRESS | 23555 EUCLID AVE. | |
| 14 CITY - ST - ZIP | CLEVELAND, OH 44117 | |
| 21 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | BACKUS, WILLIAM J., JR. | |
| 23 STREET ADDRESS | 23555 EUCLID AVE. | |
| 24 CITY - ST - ZIP | CLEVELAND, OH 44117 | |
| 31 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | BEARD, FRANK H. | |
| 33 STREET ADDRESS | 23555 EUCLID AVE. | |
| 34 CITY - ST - ZIP | CLEVELAND, OH 44117 | |
| 41 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | TUSEK, ALBERT J. | |
| 43 STREET ADDRESS | 23555 EUCLID AVE. | |
| 44 CITY - ST - ZIP | CLEVELAND, OH 44117 | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY - ST - ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as required, or on an attachment with an address

SIGNATURE: **William J. Backus, Jr.** 4/29/96 (216) 692-5209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone

CR2E034 (12/95)