FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002291 (2)

1. Corporate Name

WAXMAN INDUSTRIES, INC.

Principal Place of Business	Mailing Address
24460 AURORA ROAD BEDFORD HEIGHTS OH 44146	24460 AURORA ROAD BEDFORD HEIGHTS OH 44146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address: 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 34-0899894 — 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	1.1 TITLE ☐ Change ☐ Addition
NAME	WAXMAN, MELVIN	1.2 NAME
STREET ADDRESS	24460 AURORA ROAD	1.3 STREET ADDRESS
CITY-ST-ZIP	BEDFORD HEIGHTS OH	1.4 CITY-ST-ZIP
TITLE	TD	2.1 TITLE ☐ Change ☐ Addition
NAME	WAXMAN, ARMOND	2.2 NAME
STREET ADDRESS	24460 AURORA ROAD	2.3 STREET ADDRESS
CITY-ST-ZIP	BEDFORD HEIGHTS OH	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE ☐ Change ☐ Addition
NAME	KRASNEY, SAMUEL J	3.2 NAME
STREET ADDRESS	25700 SCIENCE PARK DR., STE 300	3.3 STREET ADDRESS
CITY-ST-ZIP	CLEVELAND OH	3.4 CITY-ST-ZIP
TITLE	D	4.1 TITLE ☐ Change ☐ Addition
NAME	ROBINS, JUDY	4.2 NAME
STREET ADDRESS	755 LAFAYETTE STREET	4.3 STREET ADDRESS
CITY-ST-ZIP	DENVER CO	4.4 CITY-ST-ZIP
TITLE	V	5.1 TITLE ☐ Change ☐ Addition
NAME	RESTIVO, NEAL R	5.2 NAME
STREET ADDRESS	24460 AURORA ROAD	5.3 STREET ADDRESS
CITY-ST-ZIP	BEDFORD HEIGHTS OH	5.4 CITY-ST-ZIP
TITLE	S	6.1 TITLE ☐ Change ☐ Addition
NAME	ROBBINS, KENNETH	6.2 NAME
STREET ADDRESS	24460 AURORA ROAD	6.3 STREET ADDRESS
CITY-ST-ZIP	BEDFORD HEIGHTS OH	6.4 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)(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 attachment with an address.

SIGNATURE: X [signature] SR. VP. - FINANCE 4/28/95 (216) 439-1830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466424 FP