FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000000174 (1)**

1. Corporation Name

CORRTHERM, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1179 MEDINA OH 44258-1179	P.O. BOX 1179 MEDINA OH 44258-1179

3. Date Incorporated or Qualified: **01/11/1995**
3a. Date of Last Report:
4. FEI Number: **34-1784863** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1055 WEST SMITH ROAD	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MEDINA, OH	28 City & State
24 Zip 44256 / 25 Country	29 Zip / 30 Country

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) (NEW Registered Agent's signature required when name is listed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	PRESIDENT/TREASURER	☒ Change ☐ Addition
NAME	KRAUSE, MARK		12 NAME	DAVID M. HICKEY	
STREET ADDRESS	1055 WEST SMITH ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	MEDINA OH		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE	VICE PRES/SEC/DIRECTOR	☒ Change ☐ Addition
NAME	ROG, JOSEPH		22 NAME		
STREET ADDRESS	1055 WEST SMITH ROAD		23 STREET ADDRESS		
CITY-ST-ZIP	MEDINA OH		24 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GOSSETT, ROBERT M		32 NAME		
STREET ADDRESS	1055 WEST SMITH ROAD		33 STREET ADDRESS		
CITY-ST-ZIP	MEDINA OH		34 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LANGOS, RONALD S		42 NAME		
STREET ADDRESS	1055 WEST SMITH ROAD		43 STREET ADDRESS		
CITY-ST-ZIP	MEDINA OH		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BAACH, MICHAEL K		52 NAME		
STREET ADDRESS	1055 WEST SMITH ROAD		53 STREET ADDRESS		
CITY-ST-ZIP	MEDINA OH		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] **DAVID M. HICKEY** **3/1/96** **216-723-5082**

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