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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500000174 (1)

CORRTHERM, INC.

Principal Place of Business Mailing Address P.O. BOX 1179 1055 WEST SMITH ROAD MEDINA OH 44258-1179 MEDINA OH 44256 3. Date incorporated or Qualified 3a. Date of Last Report 01/11/1995 04/08/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 34-1784863 Not Applicable 26 1090 ENTERPRISE DRIVE \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees MEDINA, OH 28 23 Žφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No USA Florida Statutes 25 24 44256 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Ai Name C T CORPORÁTION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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. Ship allow, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PRESIDENT DELETE X Change ___ Addition 11 TITLE 10.6 DAVID M. HICKEY 12 NAME MANS 1055 WEST SMITH ROAD 1.3 STREET ADDRESS STREET ADDRESS MEDINA OH 1.4 CITY-ST-ZIP CITY - \$1 - ZiP VICE PRESIDENT/DIRECTOR Y Change Addition DELETE VSD 2.1 TITLE 10.6 ROG. JOSEPH 2.2 NAME JOSEPH W. ROG NAME 1055 WEST SMITH ROAD 1090 ENTERPRISE DRIVE 2.3 STREET ADDRESS STREET ADDRESS MEDINA OH 2 4 CITY-ST-ZIP CHY-S1-7IP SECRETARY/TREASURER DELETE Change **★** Addition THEE 3.1 TITLE **NEAL R. RESTIVO** 3.2 NAME NAME 1090 ENTERPRISE DRIVE 3.3 STREET ADDRESS STREET ADDRESS MEDINA, OH 44256 3.4 CITY-ST-2IP City - \$1 - 7IP DELETE Channe Addition 4.1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP D 1Y - S1 - ZIP DELETE Change Addition 5.1 TITLE THE 5.2 NAME NAM **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP Q:1Y - 51 - 24P ☐ Addition DELETE Change 6.1 TITLE $\Pi^* \| f$ **6.2 NAME** NAME **63 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP CITY-S1-ZIP 14. Ldb tereby 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) in figed, or na address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/1/97

330-723-508

FILED

May 19 1997 8:00am

Secretary of State