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

FILED
96 AUG 23 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000001502 (2)**

1. Corporation Name

STAPLETON ELECTRIC CO.

Principal Place of Business

STAPLETON ELECTRIC COMPANY
240 COLLEGE STREET
CLEVES OH 45002

Mailing Address

STAPLETON ELECTRIC COMPANY
240 COLLEGE STREET
CLEVES OH 45002

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: **03/29/1995**
3a. Date of Last Report

4. FEI Number: **31-0739736** ☐ 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

STAPLETON, JOSEPH J
6359 PLUMOSA AVENUE
FT. MYERS FL 33908

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, of individual changing registered office or registered agent, or both — (If new Registered Agent is a corporation, see instructions) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	☐ DELETE
NAME	STAPLETON, JOSEPH J	
STREET ADDRESS	6359 PLUMOSA AVENUE	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	V	☐ DELETE
NAME	STAPLETON, PATRICIA A	
STREET ADDRESS	6359 PLUMOSA AVENUE	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	DST	☐ DELETE
NAME	CINQUINA, KATHLEEN A	
STREET ADDRESS	2673 BANNING ROAD	
CITY-ST-ZIP	CINCINATTI OH 45239	
TITLE	VC	☐ DELETE
NAME	STAPLETON, STEPHEN J	
STREET ADDRESS	583 BRADDOCK COURT	
CITY-ST-ZIP	EDGEWOOD KY 41017	
TITLE	D	☐ DELETE
NAME	LIPPS, RICHARD C	
STREET ADDRESS	4600 FEHR ROAD	
CITY-ST-ZIP	CINCINATTI OH 45238	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 added to the report with an address.

SIGNATURE: X Kathleen A. Cinquina — 8-21-96 — 513 941-6300

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

KATHLEEN A. CINQUINA