

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90021 046 \*\*\*150.00

**DOCUMENT # F95000002561**

1. Entity Name  
**REPUBLIC POWDERED METALS, INC.**



Principal Place of Business  
**3735 GREEN ROAD  
BEACHWOOD, OH 44122 US**

Mailing Address  
**3735 GREEN ROAD  
BEACHWOOD, OH 44122 US**

**40099605**



2. Principal Place of Business - No P.O. Box #  
**2628 PEARL ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**2628 PEARL ROAD**  
Suite, Apt. #, etc.

02202008 Chg-P CR2E034 (12/06)

City & State  
**MEDINA, OHIO**

City & State  
**MEDINA, OHIO**

4. FEI Number  
**34-0674388**

Applied For  
Not Applicable

Zip  
**44256**

Country  
**USA**

Zip  
**44256**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008\*Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **S** ☒ Delete  
NAME **TOMPKINS, P. KELLY**  
STREET ADDRESS **2628 PEARL ROAD**  
CITY-ST-ZIP **MEDINA, OH 44256**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **EDWARD W. MOORE**  
STREET ADDRESS **2628 PEARL ROAD**  
CITY-ST-ZIP **MEDINA, OH 44256**

TITLE **DAS** ☐ Delete  
NAME **RICE, RONALD A**  
STREET ADDRESS **2628 PEARL ROAD**  
CITY-ST-ZIP **MEDINA, OH 44256**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **DRUMM, MICHAEL J**  
STREET ADDRESS **3735 GREEN RD**  
CITY-ST-ZIP **BEACHWOOD, OH 44122**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CP** ☐ Delete  
NAME **SULLIVAN, FRANK C**  
STREET ADDRESS **2628 PEARL RD.**  
CITY-ST-ZIP **MEDINA, OH 44256**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KORACH, JEFFREY L**  
STREET ADDRESS **3735 GREEN RD.**  
CITY-ST-ZIP **BEACHWOOD, OH 44122**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Drumm **Michael J. Drumm** 3/26/08 216/292-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #