

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003180 (5)

1. Corporation Name

THE DANNA CO. OF OHIO

Principal Place of Business

2055 THOMASVILLE RD
450 N. NARBERTH AVE.
TALLAHASSEE FL 32312
US

Mailing Address

850 W VALLEY RD
STE 2903
WAYNE PA 19087
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1995

4. FEI Number

34-0767993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2055 Thomasville Rd.

Suite, Apt. #, etc.

22 City & State

23 Tallahassee, Florida

Zip

24 32312

Country

25 US

2a. Mailing Address

26 630 Pennfield Avenue

Suite, Apt. #, etc.

27 City & State

28 Havertown, PA

Zip

29 19083

Country

30 US

9. Name and Address of Current Registered Agent

MAQUIRE, VOORHIS & WELLS, P.A.
SUNBANK CENTER, SUITE 3000
200 S. ORANGE AVE.
ORLANDO FL 32801

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 types for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD
STREET ADDRESS WEINBERGER, MARVIN
CITY-ST-ZIP 630 PENFIELD RD.
HAVERTOWN PA 19083

TITLE ☐ DELETE

NAME C
STREET ADDRESS WEINBERGER, MARVIN
CITY-ST-ZIP 630 PENFIELD RD.
HAVERTOWN PA 19083

TITLE ☐ DELETE

NAME DC
STREET ADDRESS WEINBERGER, BRUCE
CITY-ST-ZIP PESTALOZZI STRASSE 28
79540 LORRACH STETTEN GERMAN

TITLE ☐ DELETE

NAME D
STREET ADDRESS WEINBERGER, STANLEY
CITY-ST-ZIP 3808 WHITLAND AVE.
NASHVILLE TN 37205

TITLE ☐ DELETE

NAME D
STREET ADDRESS WEINBERGER, ROZANNA
CITY-ST-ZIP APT. 1111, 2350 BROADWAY
NEW YORK NY 10024

TITLE ☐ DELETE

NAME V
STREET ADDRESS EPSTEIN, HAROLD R
CITY-ST-ZIP 630 PENFIELD RD.
HAVERTOWN PA 19083

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

14. I hereby 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 changed, on an attachment with an address

SIGNATURE:

2-24-98

CP2E034 (10/97)