FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90177 025 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000003180

1. Corporation Name

THE DANNA CO. OF OHIO

Principal Place of Business Mailing Address					1 1081/100 INCE (DCE) BYINT DONN GOTTL GOTTL GOTTL BOTTL NICE (1600) 18011 DONN COOL
2055 THOMASVILLE RD TALLAHASSEE FL 32312 US		630 Peny Field ave - STE - 2903 HAVERTOWN PA 19083 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
		_			06/30/1995
└	lace of Business	2a. Mailing Address	^ _ A 4#		4. FEI Number Applied For
21		26 630 PENFIELD AVE Suite, Apt. #, etc.			34-0767993 Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28 HAVORTOWN P	<u>A - </u>	-	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29 19083 30	<u>U</u>	<u>s</u>	Personal Property Tax. X Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81	Name	
MAGUIRE, VOORHIS & WELLS, P.A.			82	Sharat .	Address (D.O. Pay Number is Not Acceptable)
	BANK CENTER, SUITE 3000		04	Street	Address (P.O. Box Number is Not Acceptable)
200 S. ORANGE AVE.			83	3	
UHL	ANDO FL 32801		84	City	85 Zip Code
			*** - ***		FL 00 2.p 2000
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. (NOTE: Re	egistered Age	ent signature r	required when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change ☐ Addition
NAME	WEINBERGER, MARVIN 630 PENFIELD RD.		1.2 NAME	T ADDDESS	630 PENFIELD AVE.
STREET ADDRESS	HAVERTOWN PA 19083		1.4 CITY-5	TADDRESS	
CITY-ST-ZIP	C	☐ DELETE	2.1 TITLE		· Dchange Addition
NAME	WEINBERGER, MARVIN		2.2 NAME		A
STREET ADDRESS	630 PENFIELD RD.		2.3 STREE	T ADDRESS	630 Penfield AVE.
CITY-ST-ZIP,	HAVERTOWN PA 19083		2."4 CITY-	ST-ZIP	Charge Addition
TITLE	DC	☐ DÉLETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DECTAL OFFI OFFI OC		3.2 NAME	T ADDRESS	
STREET ADDRESS CITY-ST-ZIP	79540 LORRACH STETTEN GEI	RMAN	3.4. CITY-		
TITLE	D	☐ DELETE	4.1 TITLE	51 En	☐ Change ☐ Addition
NAME	WEINBERGER, STANLEY		4, 2 NAME	:	
STREET ADDRESS			4.3 STREE	T ADDRESS	· ·
CITY+ST+ZIP			4.4 CITY-5	ST-ZIP	☐ Change ☐ Addition
TITLE	(-		5.1 TITLE 5.2 NAME		Change, Chouldon
NAME	ACT 4444 COSO DECADAMAN			T ADDRESS	
STREET ADDRESS CITY-ST-ZIP	NEW YORK NY 40004		5.4 CITY-5		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EPSTEIN, HAROLD R		6.2 NAME		(an amilian B. Ant
STREET ADDRESS	Total Personal Property of the Control of the Contr		6.3 STREE	ET ADDRESS	630 PENFIELD AVE.

HAVERTOWN PA 19083 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 or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: