2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000003180

1. Entity Name
THE DANNA CO. OF OHIO

Principal Place of Business	Mailing Address
2055 THOMASVILLE RD TALLAHASSEE, FL 32312 US	630 PENFIELD AVE HAVERTOWN, PA 19083 US

03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-0767993
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2004 Fee will be $550.00

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

U00000105232
04/07/04-80013-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WEINBERGER, MARVIN
STREET ADDRESS	630 PENFIELD AVE
CITY-ST-ZIP	HAVERTOWN, PA 19083
TITLE	C
NAME	WEINBERGER, MARVIN
STREET ADDRESS	630 PENFELD AVE
CITY-ST-ZIP	HAVERTOWN, PA 19083
TITLE	DC
NAME	WEINBERGER, BRUCE
STREET ADDRESS	PESTALOZZI STRASSE 26
CITY-ST-ZIP	79540 LORRACH STETTEN GERMAN,
TITLE	D
NAME	WEINBERGER, STANLEY
STREET ADDRESS	3808 WHITLAND AVE.
CITY-ST-ZIP	NASHVILLE, TN 37205
TITLE	D
NAME	WEINBERGER, ROZANNA
STREET ADDRESS	APT. 1111, 2350 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	V
NAME	EPSTEIN, HAROLD R
STREET ADDRESS	630 PENFELD AVE
CITY-ST-ZIP	HAVERTOWN, PA 19083

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12. 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 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR