2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# F95000004955

Entity Name: ERIE COPPER WORKS, INC.

Current Principal Place of Business:

230 N. STATE RD.
MEDINA, OH 44258

New Principal Place of Business:

230 N. STATE RD.
MEDINA, OH 44256

Current Mailing Address:

230 N. STATE RD.
MEDINA, OH 44258

New Mailing Address:

230 N. STATE RD.
MEDINA, OH 44256

FEI Number: 34-1011000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SURGEON, DAVID
2925 COCO LAKES DR
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

SURGEON, DAVID A PRES
2925 COCO LAKES DR
NAPLES, FL 34105 US

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.

SIGNATURE: DAVID A. SURGEON, PRES 01/10/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SURGEON, DAVID A
Address: 2925 COCO LAKES DR
City-St-Zip: NAPLES, FL 34105

Title: S ( ) Delete
Name: RENCH, JAMES L.
Address: 76 S. MAIN ST.
City-St-Zip: AKRON, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SURGEON, DAVID A PRES
Address: 2925 COCO LAKES DR
City-St-Zip: NAPLES, FL 34105 US

Title: S (X) Change ( ) Addition
Name: RENCH, JAMES L SEC
Address: 76 S. MAIN ST.
City-St-Zip: AKRON, OH

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A SURGEON PRES 01/10/2007
Electronic Signature of Signing Officer or Director Date