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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001478 (4)

1. Corporation Name

COPELAND CORPORATION OF OHIO

Principal Place of Business

1675 W CAMPBELL RD
SIDNEY OH 45365-2479

Mailing Address

1675 W CAMPBELL RD
SIDNEY OH 45365-2479



3. Date Incorporated or Qualified

03/22/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

34-4210902

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable.

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CFOV
NAME ECKHARDT, BRUCE N
STREET ADDRESS 590 FOXWOOD CT
CITY-ST-ZIP TROY OH 45373

DELETE

TITLE D
NAME ECKHARDT, BRUCE N
STREET ADDRESS 590 FOXWOOD CT
CITY-ST-ZIP TROY OH 45373

DELETE

TITLE CEO
NAME RUWE, D. M.
STREET ADDRESS 1730 MONROE-CONCORD DR
CITY-ST-ZIP TROY OH 45373

DELETE

TITLE D
NAME RUWE, D. M.
STREET ADDRESS 1730 MONROE-CONCORD DR
CITY-ST-ZIP TROY OH 45373

DELETE

TITLE CEO
NAME NOVELLO, R. J.
STREET ADDRESS 910 RUNNYMEDE RD
CITY-ST-ZIP DAYTON OH 45419

DELETE

TITLE DC
NAME NOVELLO, R. J.
STREET ADDRESS 910 RUNNYMEDE RD
CITY-ST-ZIP DAYTON OH 45419

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CFO V
1.2 NAME Eric Evans
1.3 STREET ADDRESS 1545 Ridgeway Rd
1.4 CITY-ST-ZIP Oakwood, OH 45419

Change Addition

2.1 TITLE V
2.2 NAME Ralph Nietfeld
2.3 STREET ADDRESS 4101 Lange Rd.
2.4 CITY-ST-ZIP St. Henry, OH 45883

Change Addition

3.1 TITLE Assistant Treasurer
3.2 NAME Marjorie Wailman
3.3 STREET ADDRESS 7044 Meeker Common Ln.
3.4 CITY-ST-ZIP Dayton, OH 45414

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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

SIGNATURE

[Signature]

5-1-97

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CR2E034 (9/96)