

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

0639642 AB

DOCUMENT # F96000006219

1. Entity Name

THE JONES METAL PRODUCTS COMPANY

04-17-2002 90138 027 ***150.00

Principal Place of Business

P.O. BOX 179
 200 N. CENTER STREET
 WEST LAFAYETTE OH 43845

Mailing Address

P.O. BOX 179
 200 N. CENTER STREET
 WEST LAFAYETTE OH 43845

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-4220410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P BROWN, R H**
 STREET ADDRESS **1829 GRACE DR**
 CITY-ST-ZIP **COSHOCTON OH**

TITLE ☐ Change ☒ Addition
 NAME **T Michael G. Baker**
 STREET ADDRESS **416 Elm Street**
 CITY-ST-ZIP **Warsaw, OH 43844**

TITLE ☐ Delete
 NAME **V HOWELL, H R**
 STREET ADDRESS **215 S. JOHNSON**
 CITY-ST-ZIP **WEST LAFAYETTE OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S LOOS, C M**
 STREET ADDRESS **312 E 7TH ST**
 CITY-ST-ZIP **WEST LAFAYETTE OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CD MULLIGAN, E F**
 STREET ADDRESS **885 SHERIDAN**
 CITY-ST-ZIP **COSHOCTON OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD SUTTON, M M**
 STREET ADDRESS **1101 HEBERTON STREET**
 CITY-ST-ZIP **PITTSBURGH PA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D DRINKO, J D**
 STREET ADDRESS **53939 T.R. 155**
 CITY-ST-ZIP **WEST LAFAYETTE OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE ☒

Michael G. Baker

x 4/4/02

x 740-545-6341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Plante & Moran, LLP, 1422 Euclid Avenue

Daytime Phone #

CR2E034 (9/01)