

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90040 002 ***150.00

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1. Entity Name
THE JONES METAL PRODUCTS COMPANY



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**



DO NOT WRITE IN THIS SPACE

01142005 No Chg-P CR2E034 (10/03)

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BAKER, MICHAEL G
820 SARA DRIVE
COSHOCKTON, OH 43812**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ERB, DANIEL P
21774 TR 156
WEST LAFAYETTE, OH 43845**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MULLIGAN, E F
885 SHERIDAN
COSHOCKTON, OH**

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

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

**DO NOT WRITE
IN THIS SPACE**

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: Michael G. Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05 740-545-6341
Date Daytime Phone #

MICHAEL G. BAKER V.P. & TREASURER