

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006219

FILED
Apr 27, 2006
Secretary of State

Entity Name: THE JONES METAL PRODUCTS COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 31-4220410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BAKER, MICHAEL G
Address: 820 SARA DRIVE
City-St-Zip: COSHOCTON, OH 43812

Title: P () Delete
Name: ERB, DANIEL P
Address: 21774 TR 156
City-St-Zip: WEST LAFAYETTE, OH 43845

Title: S () Delete
Name: LOOS, C M
Address: 312 E 7TH ST
City-St-Zip: WEST LAFAYETTE, OH

Title: VD () Delete
Name: MULLIGAN, E F
Address: 885 SHERIDAN
City-St-Zip: COSHOCTON, OH

Title: CD () Delete
Name: SUTTON, M M
Address: 1101 HEBERTON STREET
City-St-Zip: PITTSBURGH, PA

Title: D () Delete
Name: DRINKO, J D
Address: 53939 T.R. 155
City-St-Zip: WEST LAFAYETTE, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL G. BAKER

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04/27/2006

Electronic Signature of Signing Officer or Director

Date