


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90027 030 ***150.00

DOCUMENT # F96000006219	
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
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DO NOT WRITE IN THIS SPACE

40055543



02072008 No Chg-P- CR2E034 (11/05)

4. FEI Number 31-4220410	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 24960 Walnut Hill Dr. PITTSBURGH, PA Coshockton, Ohio 43812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRINKO, J D 53039 T.R. 135 25234 SR 621 WEST LAFAYETTE, OH Coshockton, Ohio 43812

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. & Treasurer

Date

Daytime Phone #

3/14/08

740-545-6341