# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 11, 2009**
**Secretary of State**

DOCUMENT# F96000006219

**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:**

200 N.CENTER STREET
WEST LAFAYETTE, OH 43845

**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, NM
Address: 24960 WALNUT HILL DR.
City-St-Zip: COSHOCTON, OH 43812

Title: D ( ) Delete
Name: DRINKO, J D
Address: 25234 SR 621
City-St-Zip: COSHOCTON, OH 43812

**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
Name:
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 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 V.P. 05/11/2009

Electronic Signature of Signing Officer or Director — Date