

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90075 031 ***150.00

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1. Entity Name
THE EUCLID CHEMICAL COMPANY



Principal Place of Business
**19218 REDWOOD RD.
CLEVELAND, OH 44110**

Mailing Address
**19218 REDWOOD RD.
CLEVELAND, OH 44110**

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number
34-0973756

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 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
**D
RICE, RONALD A
2628 PEARL RD
MEDINA, OH 44256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KORACH, KENNETH W
19218 REDWOOD RD.
CLEVELAND, OH 44110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
SULLIVAN, FRANK C
2628 PEARL ROAD
MEDINA, OH 44256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DRUMM, MICHAEL J
3735 GREEN ROAD
BEACHWOOD, OH 44122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TOMPKINS, P. KELLY
2628 PEARL RD.
MEDINA, OH 44256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
SCOTT, MOORMAN L
19218 REDWOOD RD
CLEVELAND, OH 44110**

**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 J. Drumm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Drumm

1/27/05

Date

216/292-5000

Daytime Phone #