2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000294

Title:

Name:

Address:

City-St-Zip:

FILED Jan 27, 2004 Secretary of State

Entity Name: CLINCH-ON PRODUCTS, INC. **Current Principal Place of Business: New Principal Place of Business: 500 GRANT STREET SUITE 2226** PITTSBURGH, PA 15219 **Current Mailing Address: New Mailing Address:** 200 OLD WILSON BRIDGE ROAD COLUMBUS, OH 43085 FEI Number: 36-4198163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSDC () Delete Title: (X) Change () Addition Name: SMITH, GARIN W Name: PONKO, EDMUND L JR. 4825 N. SCOTT ST., #300 500 GRANT STREET, SUITE 2226 Address: Address: PITTSBURGH, PA 15219 City-St-Zip: SCHILLER PARK, IL 60176 City-St-Zip: VTDC Title: (X) Change () Addition Title: () Delete ROMBEIRO, RANDAL I Name: WHITMAN, ARTHUR L Name: 4825 N. SCOTT ST., #300 200 OLD WILSON BRIDGE ROAD Address: Address: SCHILLER PARK, IL 60176 COLUMBUS, OH 43085 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete SD BRINKMAN, DALE T Name: Name: 200 OLD WILSON BRIDGE ROAD Address Address: City-St-Zip: City-St-Zip: COLUMBUS, OH 43085

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DALE T. BRINKMAN SD 01/27/2004

() Delete

() Change (X) Addition

CHRISTIE, JOHN S

COLUMBUS, OH 43085

200 OLD WILSON BRIDGE ROAD