

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002741

1. Entity Name

EATON HYDRAULICS INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90125 020 ***150.00

Principal Place of Business

3000 STRAYER
MAUMEE OH 43537

Mailing Address

1111 SUPERIOR AVENUE
ATTN: TAX DEPARTMENT
CLEVELAND OH 44114

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-6122438**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, DARRYL F	
STREET ADDRESS	3000 STRAYER	
CITY-STATE-ZIP	MAUMEE OH 43537	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WEBER, JOHN H	
STREET ADDRESS	3000 STRAYER	
CITY-STATE-ZIP	MAUMEE OH 43537	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	OATHOUT, JAMES M	
STREET ADDRESS	3000 STRAYER	
CITY-STATE-ZIP	MAUMEE OH 43537	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KLINE, JAMES E	
STREET ADDRESS	3000 STRAYER	
CITY-STATE-ZIP	MAUMEE OH 43537	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BARTOL, JON D	
STREET ADDRESS	3000 STRAYER	
CITY-STATE-ZIP	MAUMEE OH 43537	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DEININGER, LAWRENCE R	
STREET ADDRESS	3000 STRAYER	
CITY-STATE-ZIP	MAUMEE OH 43537	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cutler, Alexander M	
STREET ADDRESS	1111 Superior Avenue	
CITY-STATE-ZIP	Cleveland, Ohio 44114	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dillon, Adrian T.	
STREET ADDRESS	1111 Superior Avenue	
CITY-STATE-ZIP	Cleveland, Ohio 44114	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Franklin, Earl R.	
STREET ADDRESS	1111 Superior Avenue	
CITY-STATE-ZIP	Cleveland, Ohio 44114	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Horst, J. Robert	
STREET ADDRESS	1111 Superior Avenue	
CITY-STATE-ZIP	Cleveland, Ohio 44114	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitchell, John S.	
STREET ADDRESS	1111 Superior Avenue	
CITY-STATE-ZIP	Cleveland, Ohio 44114	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parmenter, Robert E.	
STREET ADDRESS	1111 Superior Avenue	
CITY-STATE-ZIP	Cleveland, Ohio 44114	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E R Franklin

V.P. & Secretary 4/23/01

216/523-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)