

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90985 027 ***150.00

DOCUMENT # F98000002741

1. Entity Name

EATON HYDRAULICS INC.



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

1111 Superior Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Tax Department

City & State

Cleveland, Ohio

City & State

Zip

44114

Country

USA

Zip

Country

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

FL

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. 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CUTLER, ALEXANDER M	
STREET ADDRESS	1111 SUPERIOR AVENUE	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FEARON, RICHARD H	
STREET ADDRESS	1111 SUPERIOR AVENUE	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FRANKLIN, EARL R	
STREET ADDRESS	1111 SUPERIOR AVENUE	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HORST, J.ROBERT	
STREET ADDRESS	1111 SUPERIOR	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	V	<input type="checkbox"/> Delete
NAME	MITCHELL, JOHN S	
STREET ADDRESS	1111 SUPERIOR AVENUE	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PARMENTER, ROBERT E	
STREET ADDRESS	1111 SUPERIOR AVENUE	
CITY-ST-ZIP	CLEVELAND OH 44114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

E. R. Franklin

V.P. and Secretary 4-23-04

216-523-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #