

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90189 031 ***150.00

DOCUMENT # F98000002741

1. Entity Name
EATON HYDRAULICS INC.



Principal Place of Business
**1111 SUPERIOR AVE.
ATTN: TAX DEPARTMENT
CLEVELAND, OH 44114**

Mailing Address
**1111 SUPERIOR AVENUE
ATTN: TAX DEPARTMENT
CLEVELAND, OH 44114**

50017144



03242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-6122438

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2006 Fee will be \$550.00**

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 checked="" 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGuire, M. Mark	
STREET ADDRESS	1111 Superior Avenue	
CITY-ST-ZIP	Cleveland, OH 44114	
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 exemptions contained 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 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

E. R. Franklin

V.P. & Secretary

April 25 2006

216.523.5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #