

APR. 15. 2008 3:20PM

WASIEQUIP INC 216 292 0625

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90407 041 ***150.00

DOCUMENT # F98000005327					
1. Entity Name GALBREATH INCORPORATED OF INDIANA					
Principal Place of Business ROSSER DR WINAMAC, IN 46996			Mailing Address P.O. BOX 220 WINAMAC, IN 46996		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 35-1867754	
				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 Now 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 _____ Signatures typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when withdrawing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Section Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WALTON, CHARLES W 25800 SCIENCE PARK DRIVE, SUITE 140 BEACHWOOD, OH 44122 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Stephen Graham 25800 Science Park Drive, Suite 140 Beachwood, OH 44122 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEFENBAUGH, JOHN 481 ROSSER DR WINAMAC, IN 46996 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller William C. Hatch Jr. 25800 Science Park Drive, Suite 140 Beachwood, OH 44122 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, RICHARD 25800 SCIENCE PARK DRIVE, SUITE 140 BEACHWOOD, OH 44122 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RASMUSSEN, ROBERT 25800 SCIENCE PARK DRIVE, SUITE 140 BEACHWOOD, OH 44122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARINACCI, PAIGE M 25800 SC. PK DR STE 140 BEACHWOOD, OH 44122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITFORD, NEIL 25800 SCIENCE PARK DRIVE, STE 140 BEACHWOOD, OH 44122 ☒ Delete	TITLE 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: <u>John D. Defenbaugh</u>		John D. DEFENBAUGH		4/5/08 574 946-6631	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	