

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90017 040 ***150.00

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1. Entity Name
TREMCO INCORPORATED OF OHIO



Principal Place of Business
**3735 GREEN ROAD
BEACHWOOD, OH 44122**

Mailing Address
**3735 GREEN ROAD
BEACHWOOD, OH 44122-3730**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272006 Chg-P CR2E034 (11/05)

4. FEI Number
34-1313658

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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 **D** ☐ Delete
NAME **RICE, RONALD A**
STREET ADDRESS **2628 PEARL ROAD**
CITY-ST-ZIP **MEDINA, OH 44256**

TITLE **PD** ☐ Delete
NAME **KORACH, JEFFREY L**
STREET ADDRESS **3735 GREEN ROAD**
CITY-ST-ZIP **BEACHWOOD, OH 44122**

TITLE **VPT** ☐ Delete
NAME **DRUMM, MICHAEL**
STREET ADDRESS **3735 GREEN ROAD**
CITY-ST-ZIP **BEACHWOOD, OH 44122**

TITLE **S** ☐ Delete
NAME **TOMPKINS, P. KELLY**
STREET ADDRESS **2628 PEARL ROAD**
CITY-ST-ZIP **MEDINA, OH 44256**

TITLE **C** ☐ Delete
NAME **SULLIVAN, FRANK C**
STREET ADDRESS **2628 PEARL RD**
CITY-ST-ZIP **MEDINA, OH 44256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Drumm, Michael J.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE: Michael J. Drumm **Michael J. Drumm, Treasurer** Date 3/28/06 Daytime Phone # 216/292-5000