FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:25

DOCUMENT # H46153 (3)

1. Corporation Name
SPECSALCO, INC.

Principal Place of Business	Mailing Address
4259 E. 49TH ST. CLEVELAND OH 44125 US	4259 E. 49TH ST. CLEVELAND OH 44125 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1985
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business
21: 4911 Grant Avenue
22: Suite, Apt. #, etc.
23: City & State: Cleveland, OH
24: Zip: 44125
25: Country: US

2a. Mailing Address
26: 4911 Grant Avenue
27: Suite, Apt. #, etc.
28: City & State: Cleveland, OH
29: Zip: 44125
30: Country: US

4. FEI Number: 59-2508476 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BELLAMY JR., LEON D.
~~%SPECIALTY SALES INC.~~
~~202 3RD STREET PAGE PARK~~
~~FT. MYERS FL 33907~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1550 North Crooked Lake Drive
84 City: Babson Park
FL
85 Zip Code: 33827

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	XX Change ☐ Addition
12 NAME	COTTONE, NICHOLAS A.	12 NAME	
13 STREET ADDRESS	4259 E. 49TH ST.	13 STREET ADDRESS	4911 Grant Avenue
14 CITY ST ZIP	CLEVELAND OH	14 CITY ST ZIP	Cleveland, OH 44125
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	NOLL, BUD	22 NAME	
23 STREET ADDRESS	2000 S. OCEAN BLVD #410N	23 STREET ADDRESS	
24 CITY ST ZIP	PALM BEACH FL	24 CITY ST ZIP	
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	NOLL, S. DARWIN	32 NAME	
33 STREET ADDRESS	4259 E. 49TH ST.	33 STREET ADDRESS	
34 CITY ST ZIP	CLEVELAND OH	34 CITY ST ZIP	
41 TITLE	DST	41 TITLE	XX Change ☐ Addition
42 NAME	DORER, WILLIAM R. J	42 NAME	
43 STREET ADDRESS	4259 E. 49TH ST.	43 STREET ADDRESS	4911 Grant Avenue
44 CITY ST ZIP	CLEVELAND OH	44 CITY ST ZIP	Cleveland, OH 44125
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: By: SPECSALCO, INC. William R. Dorer, Jr. — 1-12-95 — 216-883-6730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466805 FP