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

APPROVED AND FILED
95 APR 26 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J06802 (9)

1. Corporation Name
FGPI-1, INC.

Principal Place of Business	Mailing Address
4420 SHERWIN ROAD WILLOUGHBY OH 44094-7936	4420 SHERWIN ROAD WILLOUGHBY OH 44094-7936

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 54-1387033 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	YOUNG, DARRELL	1.2 NAME	JEROME M. FERSTMAN	
STREET ADDRESS	95 CABLEKNOLL LANE	1.3 STREET ADDRESS	3199 SOMERSET DRIVE	
CITY-ST-ZIP	MORELAND HILLS OH	1.4 CITY-ST-ZIP	SHAKER HEIGHTS, OH. 44122	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	HARTHUN, LUTHER A.	2.2 NAME		
STREET ADDRESS	7620 HILLBROOK LANES	2.3 STREET ADDRESS		
CITY-ST-ZIP	NOVELTY OH	2.4 CITY-ST-ZIP		
TITLE	AT	3.1 TITLE		☐ Change ☐ Addition
NAME	BYER, JAMES, L	3.2 NAME		
STREET ADDRESS	31900 FARM DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	SOLON OH	3.4 CITY-ST-ZIP		
TITLE	AT	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTE, JAMES M.	4.2 NAME		
STREET ADDRESS	309 SHERI DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	BRUNSWICK OH	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	DIRECTOR, V.P.	☒ Change ☐ Addition
NAME	CHIARUCCI, VINCENT A	5.2 NAME	JOHN REILLY	
STREET ADDRESS	26 HUNTING HOLLOW	5.3 STREET ADDRESS	644 SPRUCE LANE	
CITY-ST-ZIP	PEPPER PIKE OH	5.4 CITY-ST-ZIP	LAKE FOREST, IL 60045	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: _____ JAMES M SCHULTE 4/11/95 216-953-2861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478004 FP