

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90036 006 \*\*\*150.00

DOCUMENT # P00244

1. Corporation Name

SYMONS CORPORATION

Principal Place of Business

721 RICHARD ST.  
PO BOX 3005  
MIAMISBURG OH 45342  
US

Mailing Address

721 RICHARD ST.  
PO BOX 3005  
MIAMISBURG OH 45342  
US

2. Principal Place of Business

21 200 EAST LOUHY AVE

2a. Mailing Address

26 7777 WASHINGTON VILLAGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 SUITE 130

City & State

23 DES PLAINES, IL

City & State

28 DAYTON OHIO

Zip

24 60017

Country

25 USA

Zip

29 45459

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1983

4. FEI Number

06-1053316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
CICCARELLI, JOHN A.  
STREET ADDRESS  
721 RICHARD ST., PO BOX 3005  
CITY-ST-ZIP  
MIAMISBURG OH 45342

TITLE ☐ DELETE

NAME  
VPDC  
MCILLROY, ALAN F.  
STREET ADDRESS  
721 RICHARD ST., PO BOX 3005  
CITY-ST-ZIP  
MIAMISBURG OH 45342

TITLE ☐ DELETE

NAME  
S  
GOOD, DOUGLAS L.  
STREET ADDRESS  
721 RICHARD ST., PO BOX 3005  
CITY-ST-ZIP  
MIAMISBURG OH 45342

TITLE ☐ DELETE

NAME  
T  
RUTHERFORD, JOHN M.  
STREET ADDRESS  
721 RICHARD ST., PO BOX 3005  
CITY-ST-ZIP  
MIAMISBURG OH 45342

TITLE ☐ DELETE

NAME  
D  
BARTHOLOMAE, RAYMOND E.  
STREET ADDRESS  
200 E. LOUHY AVE., PO BOX 5018  
CITY-ST-ZIP  
DES PLAINES IL 60017

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 7777 WASHINGTON VILLAGE DR., STE 130

1.4 CITY-ST-ZIP DAYTON OHIO 45459

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 7777 WASHINGTON VILLAGE DR., STE 130

2.4 CITY-ST-ZIP DAYTON OHIO 45459

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 7777 WASHINGTON VILLAGE DR., STE 130

4.4 CITY-ST-ZIP DAYTON OHIO 45459

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: John M. Rutherford JOHN M. RUTHERFORD 1/20/99 (937) 428-6360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)