


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90063 050 ***150.00

DOCUMENT # P00244	
1. Entity Name SYMONS CORPORATION	

Principal Place of Business 7777 WASHINGTON VILLAGE DRIVE DAYTON OH 45459 US	Mailing Address 7777 WASHINGTON VILLAGE DR SUITE 130 DAYTON OH 45459 US
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2. Principal Place of Business Suite, Apt. #, etc. Suite 130 City & State Zip	3. Mailing Address Suite, Apt. #, etc. Suite 130 City & State Zip
Country	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE MORREY, STEPHEN 7777 WASHINGTON VILLAGE DR., STE 130 DAYTON OH 45459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDC MCILROY, ALAN F 7777 WASHINGTON VILLAGE DR., STE 130 DAYTON OH 45459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDC Edward Puisis 7777 Washington Village Dr STE 130 Dayton OH 45459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUSTON, STEVEN 7777 WASHINGTON VILLAGE DR. #130 DAYTON OH 45459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUTHERFORD, JOHN M. 7777 WASHINGTON VILLAGE DR., STE 130 DAYTON OH 45459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Paul Fisher 7777 Washington Village Dr STE 130 Dayton OH 45459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDG BARTHOLOMAE, RAYMOND E. 200 E. TOUHY AVE., PO BOX 5018 DES PLAINES IL 60017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Secretary Thomas Roehrig 7777 Washington Village Dr STE 130 Dayton OH 45459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT BENKA, JIM 200 EAST TOUHY AVENUE DES PLAINES FL 60017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Thomas W Roehrig **3/3/04** **937-428-7159**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #