2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02280

Entity Name: QUIKEY MANUFACTURING CO., INC.

Apr 15, 2003 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

POST OFFICE BOX 3628 1500 INDUSTRIAL PARKWAY

AKRON, OH 44310

AKRON, OH 44310

New Mailing Address:

1500 INDUSTRIAL PARKWAY

Current Mailing Address:

1500 INDUSTRIAL PARKWAY AKRON, OH 44310

FEI Number: 34-0858427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, JAMES R. BURNS, PATRICK P CFO 100 THÓRPE RD 100 THORPE ROAD ORLANDO, FL 32824 ORLANDO, FL 32824 US

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.

SIGNATURE: PATRICK P. BURNS 04/15/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete STILLER, WILLIAM B Name: 1500 INDUSTRAIL PKWY Address:

City-St-Zip: AKRON OH

PD Title: () Delete Name: BURNS, MICHAEL W. 1500 INDUSTRIAL PKWY Address: City-St-Zip: AKRON, OH

VSTD Title: () Delete BURNS, PATRICK P. Name: 1500 INDUSTRIAL PKWY Address:

City-St-Zip: AKRON, OH

Title: VD (X) Delete STILLER, THOMAS E. Name:

Address: 1500 INDUSTRIAL PKWY

City-St-Zip: AKRON, OH

Title: (X) Delete STILLER, MICHAEL Name:

1500 INDUSTRAIL PKWY Address: City-St-Zip: AKRON, OH

Title: (X) Delete

BARRETT, JAMES Name: 1500 INDUSTRIAL PKWY Address:

City-St-Zip: AKRON, OH

(X) Change () Addition Title: VSTD BURNS, PATRICK P CFO Name:

1500 INDUSTRIAL PARKWAY Address: City-St-Zip: AKRON, OH 44310 US

Title: PD (X) Change () Addition Name: BURNS, MICHAEL W PRESIDE 1500 INDUSTRIAL PKWY Address: AKRON, OH 44310 US City-St-Zip:

Title: (X) Change () Addition STILLER, THOMAS E V PRES Name: 1500 INDUSTRIAL PARKWAY Address: City-St-Zip: AKRON, OH 44310 US

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

> Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK P. BURNS **CFO** 04/15/2003