


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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P09109 (0) 1. Corporation Name AUSTIN INTERNATIONAL, INC.					
Principal Place of Business 25800 SCIENCE PARK DR. CLEVELAND OH 44122			Mailing Address 25800 SCIENCE PARK DR. CLEVELAND OH 44122-7311		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/17/1986		3a. Date of Last Report 02/27/1996	
4. FEI Number 34-1476957		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE VD		<input type="checkbox"/> DELETE		1.1 TITLE President		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GLEASON, MICHAEL A.				1.2 NAME			
STREET ADDRESS 25800 SCIENCE PARK				1.3 STREET ADDRESS			
CITY- ST- ZIP CLEVELAND OH				1.4 CITY- ST- ZIP			
TITLE ST		<input type="checkbox"/> DELETE		2.1 TITLE Vice President/Treasurer		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BOLDT, JAMES C				2.2 NAME			
STREET ADDRESS 25800 SCIENCE PARK				2.3 STREET ADDRESS			
CITY- ST- ZIP CLEVELAND OH				2.4 CITY- ST- ZIP			
TITLE AS		<input checked="" type="checkbox"/> DELETE		3.1 TITLE Secretary		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME ROJ, WILLIAM H.				3.2 NAME Steven M. Livecchi			
STREET ADDRESS 1700 HUNTINGTON BLDG.				3.3 STREET ADDRESS 25800 Science Park Drive			
CITY- ST- ZIP CLEVELAND OH				3.4 CITY- ST- ZIP Beachwood, OH 44122			
TITLE D		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DAVIS, W. JACK				4.2 NAME			
STREET ADDRESS P.O. BOX 950 N/A				4.3 STREET ADDRESS			
CITY- ST- ZIP COEBURN VA				4.4 CITY- ST- ZIP			
TITLE D		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GLEASON, DAVID				5.2 NAME			
STREET ADDRESS 25800 SCIENCE PARK				5.3 STREET ADDRESS			
CITY- ST- ZIP CLEVELAND OH				5.4 CITY- ST- ZIP			
TITLE D		<input type="checkbox"/> DELETE		6.1 TITLE Vice President/General Mgr.		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME DAVIS, W. JACK				6.2 NAME Ted Eckles			
STREET ADDRESS P.O. BOX 950 N/A				6.3 STREET ADDRESS 25800 Science Park Drive			
CITY- ST- ZIP COEBURN VA				6.4 CITY- ST- ZIP Beachwood, OH 44122			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

1-7-97

(216) 464-2400

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CR2E034 (9/96)