

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90073 037 ***150.00

UD-6300

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P09109

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1996
 4. FEI Number: 34-1476957
 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

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City, State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	GLEASON, MICHAEL A.	
STREET ADDRESS	25800 SCIENCE PARK	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	BOLDT, JAMES C	
STREET ADDRESS	25800 SCIENCE PARK	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LIVECCHI, STEVEN M	
STREET ADDRESS	25800 SCIENCE PARK DRIVE	
CITY-ST-ZIP	BEACHWOOD OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, W. JACK	
STREET ADDRESS	P.O. BOX 950 N/A	
CITY-ST-ZIP	COEBURN VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLEASON, DAVID	
STREET ADDRESS	25800 SCIENCE PARK	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VPGM	<input type="checkbox"/> DELETE
NAME	ECKLES, TED	
STREET ADDRESS	25800 SCIENCE PARK DRIVE	
CITY-ST-ZIP	BEACHWOOD OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] Treasurer Date: 2-12-99 Daytime Phone #: (216) 484-2400

CR2E034 (1/198)