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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:06

DOCUMENT # P10661

(7)

1. Corporation Name  
MOSLER INC.

Principal Place of Business  
1561 GRAND BLVD.  
HAMILTON OH 45011-4003

Mailing Address  
1561 GRAND BLVD.  
HAMILTON OH 45011-4003

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/02/1986  
3a. Date of Last Report 03/03/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                          |
|-----------------|--------------------------|
| TITLE           | S                        |
| NAME            | SHEFFER, SANDRA JEAN     |
| STREET ADDRESS  | 327 RACHEL LANE          |
| CITY - ST - ZIP | MIDDLETOWN OH            |
| TITLE           | PCOO                     |
| NAME            | BATTAGLIA, MICHAEL S     |
| STREET ADDRESS  | 2481 W. ROKWOOD          |
| CITY - ST - ZIP | CINCINNATI OH            |
| TITLE           | VCC                      |
| NAME            | UNGG, JOSEPH F.          |
| STREET ADDRESS  | 7071 WILLOWOOD DR.       |
| CITY - ST - ZIP | CINCINNATI OH            |
| TITLE           | VP                       |
| NAME            | TAMASHASKY, JOHN J.      |
| STREET ADDRESS  | 9441 AMBLESIDE DR.       |
| CITY - ST - ZIP | CINCINNATI OH            |
| TITLE           | V                        |
| NAME            | PILCHER, JAMES P         |
| STREET ADDRESS  | 2855 TURPIN WOODS COURT  |
| CITY - ST - ZIP | CINCINNATI OH            |
| TITLE           | ACT                      |
| NAME            | JEANMOUGIN, PAUL FRANCIS |
| STREET ADDRESS  | 3782 DONATA DRIVE        |
| CITY - ST - ZIP | CINCINNATI OH            |

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | DELETE                                                                       |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | DELETE                                                                       |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Paul F. Jeanmougin* Paul F. Jeanmougin, Treasurer 1/26/95 513-867-4102  
(Signature) (Typed Name of Signing Officer or Director) (Date) (Telephone Number)

### MOSLER INC. OFFICERS / DIRECTORS

| <u>NAME/SOCIAL SECURITY #</u>                 | <u>TITLE/DATE OF BIRTH</u>                                           | <u>RESIDENCE ADDRESS</u>                          |
|-----------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------|
| Paul Francis Jeanmougin<br>SS# 268-34-0596    | Assistant Controller; Asst.<br>Secretary; Treasurer<br>DOB: 02-28-36 | 3762 Donata Drive<br>Cincinnati, OH 45251         |
| Joseph Frederick Lingg<br>SS# 179-34-3746     | Vice President; CFO; and<br>Controller<br>DOB: 05-21-45              | 7071 Willowood Drive<br>Cincinnati, OH 45241      |
| Angelo Mario Marzano<br>SS# 080-22-3186       | Chief Executive Officer;<br>Chairman of Board<br>DOB: 11-22-29       | 624 Truman Lane, Condo #206<br>Bellevue, KY 41073 |
| Sandra Jean Sheffer<br>SS# 503-60-2382        | Secretary, General Counsel<br>DOB: 05-28-47                          | 327 Rachel Lane<br>Middletown, OH 45042           |
| John James Tamashasky<br>SS# 168-36-4377      | Vice President, Human<br>Resources<br>DOB: 02-03-46                  | 9441 Ambleside Drive<br>Cincinnati, OH 45241      |
| Nicolas M. Georgitsis<br>SS# 490-40-4170      | Director<br>DOB: 09-02-34                                            | 736 Lake Avenue<br>Greenwich, CT 06830            |
| William Albert Marquard<br>SS# 206-05-1945    | Director<br>DOB: 03-06-20                                            | 2199 Maysville Road<br>Carlisle, KY 40311         |
| Thomas Robert Wall IV<br>SS# 499-66-5881      | Director<br>DOB: 07-01-58                                            | 1105 Park Ave/Apt 3D<br>New York, NY 10128        |
| Robert Archibald Young III<br>SS# 432-72-8495 | Director<br>DOB: 09-23-40                                            | 2414 Hendrichs Blvd<br>Ft. Smith, AR 72903        |