


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P11221 1. Entity Name CLEVELAND MOTION CONTROLS, INC.	
------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 7550 HUB PARKWAY CLEVELAND, OH 44125	Mailing Address 7550 HUB PARKWAY CLEVELAND, OH 44125
------------------------------------------------------------------------	------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 34-0839771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOLEY, WAYNE E 7550 HUB PARKWAY CLEVELAND, OH 44125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORAN, DAVID C 369 FRANKLIN ST BUFFALO, NY 14202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, PATRICK P 369 FRANKLIN ST BUFFALO, NY 14202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN, RICHARD J 369 FRANKLIN ST BUFFALO, NY 14202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000166694  
07/16/04-80007-009 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Wayne E. Foley*  
Wayne E. Foley

7/6/04

216 524 8800

Date Daytime Phone #