FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -7 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14831** **(2)**

1. Corporation Name

HARCO TECHNOLOGIES CORPORATION

Principal Place of Business	Mailing Address
1055 W SMITH RD MEDINA OH 44256-2444 US	PO BOX 721 MEDINA OH 44258-0721 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/15/1987**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **34-0689620** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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 **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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	LANGOS, RONALD S.	1.2 NAME	
STREET ADDRESS	185 FOREST BROOK BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MUNROE FALLS OH	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	KROON, DAVID H	2.2 NAME	
STREET ADDRESS	8223 SILVER SHADOW	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING TX	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	BAACH, MICHAEL	3.2 NAME	
STREET ADDRESS	4167 SIERRA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEDINA OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ROG, JOSEPH	4.2 NAME	
STREET ADDRESS	1090 ENTERPRISE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEDINA OH	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GOSSETT, ROBERT	5.2 NAME	
STREET ADDRESS	250 SCHOCALOG RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, NOREEN G.	6.2 NAME	
STREET ADDRESS	% 1090 ENTERPRISE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEDINA OH	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 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 above, or on an attachment with an address.

SIGNATURE: R J Langos 2/2/95 216-225-6481
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Ronald S. Langos, PRESIDENT

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