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FILED
Apr 28 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 # P16534 (0)

1. Corporation Name
THE OHIO BRASS COMPANY

Principal Place of Business
8711 WADSWORTH RD.
PO BOX 1001
WADSWORTH OH 44281-7802

Mailing Address
8711 WADSWORTH RD.
PO BOX 1001
WADSWORTH OH 44281-8438



2. Principal Place of Business		2a. Mailing Address	
21	26		
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 10/26/1987	3a. Date of Last Report 04/29/1996
4. FEI Number 06-1212962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASV <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, R.W.	12 NAME	
STREET ADDRESS	584 DERBY MILFORD ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	ORANGE CT	14 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, S.J.	22 NAME	
STREET ADDRESS	584 DERBY MILFORD ROAD	23 STREET ADDRESS	210 NORTH ALLEN STREET
CITY - ST - ZIP	ORANGE CT	24 CITY - ST - ZIP	CENTRALIA, MO 65240
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUFF, J. H.	32 NAME	VINCENT R. PETRECCA
STREET ADDRESS	584 DERBY MILFORD RD	33 STREET ADDRESS	
CITY - ST - ZIP	ORANGE CT	34 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGART, J.H.	42 NAME	
STREET ADDRESS	584 DERBY MILFORD RD	43 STREET ADDRESS	
CITY - ST - ZIP	ORANGE CT	44 CITY - ST - ZIP	
TITLE	C <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, P. P.	52 NAME	
STREET ADDRESS	8711 WADSWORTH RD	53 STREET ADDRESS	
CITY - ST - ZIP	WADSWORTH OH	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	VPO GARY A. STUMBAUGH
STREET ADDRESS		63 STREET ADDRESS	210 NORTH ALLEN ST.
CITY - ST - ZIP		64 CITY - ST - ZIP	CENTRALIA, MO 65240

14. I do 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.

SIGNATURE: *Mary G. Stumbaugh* GARY A. STUMBAUGH APRIL 25, 1996 (575) 682-8640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)