


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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 44281-7802
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1987	
21	Suite, Apt. #, etc.	26	210 NORTH ALLEN ST.	4. FEI Number 06-1212962	
22	City & State	27	CENTRALIA, MO	Applied For Not Applicable	
23	Zip	28	65240	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
		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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, R.W.	1.2 NAME	
STREET ADDRESS	584 DERBY MILFORD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CT	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, S.J.	2.2 NAME	
STREET ADDRESS	210 NORTH ALLEN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CENTRALIA MO	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRECCA, VINCENT R.	3.2 NAME	
STREET ADDRESS	584 DERBY MILFORD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CT	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGART, J.H.	4.2 NAME	
STREET ADDRESS	584 DERBY MILFORD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CT	4.4 CITY-ST-ZIP	
TITLE	VPO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUMBAUGH, GARY A	5.2 NAME	
STREET ADDRESS	210 NORTH ALLEN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CENTRALIA MO	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Michael E. Estes
STREET ADDRESS		6.3 STREET ADDRESS	210 NORTH ALLEN ST.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CENTRALIA MO 65240

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.

SIGNATURE:

Michael E. Estes, April 6, 1998 (573) 682-8552

CR2E034 (10/97)