

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90130 025 ***150.00

DOCUMENT # P16534

1. Corporation Name
THE OHIO BRASS COMPANY



Principal Place of Business
8711 WADSWORTH RD.
PO BOX 1001
WADSWORTH OH 44281-7902

Mailing Address
210 N ALLEN ST
PO BOX 1001
CENTRACIA MO 65240
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1987

4. FEI Number

06-1212962

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ASV ☐ DELETE
NAME DAVIES, R.W.
STREET ADDRESS 584 DERBY MILFORD ROAD
CITY-ST-ZIP ORANGE CT

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V ☐ DELETE
NAME ANDREWS, S.J.
STREET ADDRESS 210 NORTH ALLEN ST
CITY-ST-ZIP CENTRALIA MO

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD ☒ DELETE
NAME PETRECCA, VINCENT R.
STREET ADDRESS 584 DERBY MILFORD RD
CITY-ST-ZIP ORANGE CT

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME ROWELL, H.B.
3.3 STREET ADDRESS 584 DERBY MILFORD RD
3.4 CITY-ST-ZIP ORANGE, CT 06477

TITLE T ☐ DELETE
NAME BIGGART, J.H.
STREET ADDRESS 584 DERBY MILFORD RD
CITY-ST-ZIP ORANGE CT

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPO ☐ DELETE
NAME STUMBAUGH, GARY A
STREET ADDRESS 210 NORTH ALLEN ST
CITY-ST-ZIP CENTRALIA MO

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V ☐ DELETE
NAME ESTES, MICHAEL
STREET ADDRESS 210 N ALLEN ST
CITY-ST-ZIP CENTRACIA MO 65240

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESTES, MICHAEL E. ESTES

4-9-99

(523) 682-8562

CR2E034 (11/98)

0556150