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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P16952 (4)
1. Corporation Name
ROPPE CORPORATION

Principal Place of Business
1802 NORTH UNION STREET
FOSTORIA OH 44830

Mailing Address
1802 NORTH UNION STREET
FOSTORIA OH 44830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/25/1987

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		34-1535998		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

A.G.C. CO
2300 SUN BANK CENTER
200 S. ORANGE ST
ORLANDO FL 32801

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	PD	1.1 TITLE	
NAME	MILLER, DONALD P.	1.2 NAME	
STREET ADDRESS	1802 NORTH UNION STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FOSTORIA OH	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	
NAME	BAKER, MARK J	2.2 NAME	
STREET ADDRESS	1802 NORTH UNION STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FOSTORIA OH	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SCHALK, EUGENE N.	3.2 NAME	
STREET ADDRESS	1802 NORTH UNION STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FOSTORIA OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SANDMAN, DAN	4.2 NAME	
STREET ADDRESS	1802 NORTH UNION STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FOSTORIA OH	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	
NAME	MILLER, JUDY R	5.2 NAME	
STREET ADDRESS	1802 N UNION ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FOSTORIA OH	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	GILLET, ANGELA	6.2 NAME	
STREET ADDRESS	1802 NORTH UNION STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FOSTORIA OH	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.

SIGNATURE:

Signature, typed or printed name of signing officer or director

MARK J. BAKER, Treasurer

4/30/98

415-435-8546

Date Daytime Phone # 0522597

CR2E034 (10/97)

ROPPE CORPORATION
34-1535998

ATTACHMENT TO OFFICERS/DIRECTORS:

Additions:

VP

GILLET, DONALD V.
1602 N. UNION STREET
FOSTORIA, OH 44830

VP

GREGG, EDWARD G.
1602 NORTH UNION STREET
FOSTORIA, OH 44830