

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P17449

(0)

1. Corporation Name

GRIMES AEROSPACE COMPANY

Principal Place of Business

**655 METRO PL S. STE 300
DUBLIN OH 43017
US**

Mailing Address

**655 METRO PL S. STE 300
DUBLIN OH 43017
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/30/1987

3a. Date of Last Report

05/01/1994

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

4. FEI Number

13-3355707

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

**C T CORPORATION SYSTEM
1200 SOUTH 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**CD
GRALNICK, PAUL E L
655 METRO PL S, STE 300
DUBLIN OH**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V
FORSTMAN, NICHOLAS C.
655 METRO PL S, STE 300
DUBLIN OH**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V
HUTCHINS, WINSTON W.
655 METRO PL S, STE 300
DUBLIN OH**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VT
GILLARD, PATRICK J
655 METRO PL S, STE 300
DUBLIN OH**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VS
ARONOWITZ, DAVID M
655 METRO PL S, STE 300
DUBLIN OH**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V
KOMAROMY, PAUL J.
655 METRO PL S, STE 300
DUBLIN OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

**VT
MIKE DUBOSE**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or semi-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 no change.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95

614-791-3800



**GRIMES
AEROSPACE**

DANIEL D. SCOPETTI
655 METRO PLACE SOUTH, SUITE 300
DUBLIN, OH 43017

ASSISTANT TREASURER