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3-8-95 K 1931

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:27

DOCUMENT # P19132 (0)

1. Corporation Name
ARM INTERNATIONALCORP.

Principal Place of Business	Mailing Address
ONE EXECUTIVE DRIVE FORT LEE NJ 07024	6480 ROCKSIDE WOODS BLVD SO STE 110 CLEVELAND OH 44131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/05/1988	3a. Date of Last Report: 02/17/1994
4. FEI Number: 34-1581635	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	1.1 TITLE	DC	☑ Change ☐ Addition
NAME	RYAN, JOHN	1.2 NAME	William Nehls	
STREET ADDRESS	ONE EXECUTIVE DRIVE	1.3 STREET ADDRESS	6480 Rockside Woods Blvd S.	
CITY-ST-ZIP	FORT LEE NJ	1.4 CITY-ST-ZIP	Cleveland OH 44131	
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	DIMAURO, G.	2.2 NAME		
STREET ADDRESS	ONE EXECUTIVE DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LEE NJ	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	GRILLI, THOMAS G.	3.2 NAME		
STREET ADDRESS	ONE EXECUTIVE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LEE NJ	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	MOSIER, DON	4.2 NAME		
STREET ADDRESS	ONE EXECUTIVE DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LEE NJ	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	BARNHOUSE, DORIS	5.2 NAME		
STREET ADDRESS	6480 ROCKSIDE WOODS	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND OH	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	P	☐ Change ☑ Addition
NAME		6.2 NAME	Emory Shawver	
STREET ADDRESS		6.3 STREET ADDRESS	One Executive DR	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fort Lee NJ 07024	

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)(k), 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: Doris Barnhouse DORIS BARNHOUSE 2/22/95 216-447-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

046037 FP