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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **05/05/1988**
3a. Date of Last Report: **03/08/1995**

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

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	NEHLS, WILLIAM		12 NAME		
STREET ADDRESS	6480 ROCKSIDE WOODS BLVD		13 STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND OH 44131		14 CITY-ST-ZIP		
TITLE	T	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	DIMAURO, G.		22 NAME		
STREET ADDRESS	ONE EXECUTIVE DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	FT. LEE NJ 07024		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GRILLI, THOMAS G.		32 NAME		
STREET ADDRESS	ONE EXECUTIVE DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	FORT LEE NJ 07024		34 CITY-ST-ZIP		
TITLE	V	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MOSIER, DON		42 NAME		
STREET ADDRESS	ONE EXECUTIVE DRIVE		43 STREET ADDRESS		
CITY-ST-ZIP	FORT LEE NJ		44 CITY-ST-ZIP		
TITLE	S	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BARNHOUSE, DORIS		52 NAME		
STREET ADDRESS	6480 ROCKSIDE WOODS		53 STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND OH 44131		54 CITY-ST-ZIP		
TITLE	P	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	SHAWVER, EMORY		62 NAME		
STREET ADDRESS	ONE EXECUTIVE DR		63 STREET ADDRESS		
CITY-ST-ZIP	FORT LEE NJ 07024		64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Doris Barnhouse Secretary 3-8-96 (216) 447-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #