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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P19132

(0)

ARM INTERNATIONAL CORP.

Principal Place	e of Business	Mailing Address							
ONE EXECUTIVE DRIVE FORT LEE NJ 07024		6480 ROCKSIDE WOODS BLVD \$0 STE 110 CLEVELAND OH 44131-2206 US							
		03			3	Date Incorporated or Qualified 05/05/1988	3a. Date of Last 04/09/1996	,	
2. Principal P	ace of Business	2a. Mailing Address			4	. FEI Number		Applied For	
21		26				34-1581635 Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5	Certificate of Status Desired		Additional	
22 City & State		City R Ctets					Fee	Required	
 -		City & State			6	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip	Ztp Country			B. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	-, ·		Florida Statutes Yes No			
	9. Name and Address of Current	~- ~ 			10	. Name and Address of New R	egistered Agent		
CT (CORPORATION SYSTEM		8	1 Nam	Ю				
) S. PINE ISLAND ROAD		8	2 Stree	Street Address (P.O. Box Number is Not Acceptable)				
PLA	NTATION FL 33324								
			8	3					
			8	4 City			FL 85 Zi	p Code	
11. Pursuant l office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida Such change was alions of, Section 607.0505, F	ites, the abo authorized lorida Statu		ed corporation's	ori submits this statement for the board of directors. I hereby acce		j its registered as registered	
SIGNATURE									
12.	Signature typed or printed name of regerered ager			gont signat	ure required who		DATE	200 11 10	
TITLE	OFFICERS AND	DLIEIE	13. 1.1 TO G		DC	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO		
NAME	NEHLS, WILLIAM	,	1.2 NAM			Horeum ,	EJ Vilang	S SS NOOMON	
STREET ADDRESS	6480 ROCKSIDE WOODS BLVI	D		ET ADDRES:	10000	EXECUTIVE DRIVE			
CITY-ST-ZIP	CLEVELAND OH		1.4 CITY	- S1 - ZIP	Fr LE	x NJ			
TITLE	1	DELFIE	2.1 101				☐ Chang	e Addition	
NAME	DIMAURO, G.		2.2 NAM	£					
STREET ADDRESS	ONE EXECUTIVE DRIVE		2.3 STRI	ET ADDRESS	s				
CITY-ST-ZIP	FT. LEE NJ	Driete		'-ST-ZIP				<u> </u>	
TITLE NAME	d Grilli, Thomas G.	☐ DITEIE	3.1 T(7)				∐ Chang	e [_] Addition	
STREET ADDRESS	ONE EXECUTIVE DRIVE		3.2 NAM	t Et addres:					
CITY-ST-ZIP	FORT LEE NJ			t i Addines: '- \$1 - 7IP					
TITLE	\$	DELETE	4.1 TITE		<u> </u>		Change	e [] Addition	
NAME			4. 2 NAM	16					
STREET ADDRESS	6480 ROCKSIDE WOODS		4.3 STR	ET ADDRESS	s				
CITY-ST-ZIP	CLEVELAND OH		4.4 CITY	- ST - ZIP					
TITLE	P CHANGE PROPE	☐ DELETE	5.1 TiTa				Change	e 🔲 Addition	
NAME	SHAWVER, EMORY		5.2 NAM						
STREET ADDRESS	ONE EXECUTIVE DR FORT LEE NJ			ET ADDRESS	8				
CITY-ST-ZIP TITLE	FUNI LEC NO	DELETE	5.4 CITY 6.1 TITU	· ST - ZIP			Change	e Addition	
NAME		MEETE	6.1 NAM				C Cuanda	e [_j Audillon	
	41.		5.2 19/W						

14. I do 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 eath; 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. Doels BARNHOUSE

4125192

216-1147-1600

FILED

May 05 1997 8:00am

Secretary of State