


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91021 005 \*\*\*150.00

<b>DOCUMENT # P24210</b> 1. Entity Name <b>CUTLER-HAMMER IDT, INC.</b>	
--	---

Principal Place of Business <b>173 HEATHERDOWN DRIVE WESTERVILLE, OH 43081</b>	Mailing Address <b>P.O. BOX 6166 WESTERVILLE, OH 43086-6166</b>
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>1111 Superior Avenue</b> Suite, Apt. #, etc. <b>Attn: Tax Department</b> City & State <b>Cleveland, Ohio 44114</b> Zip <b>44114</b>	Country <b>USA</b>
--	--	-----------------------



04212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES STREET STE 105 TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
--	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing: Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DILLON, A.T. 1111 SUPERIOR AVE CLEVELAND, OH 44114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FEARON, R. H. 1111 Superior Ave Cleveland, OH 44114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUTLER, A M 1111 SUPERIOR AVE CLEVELAND, OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAWOT, BILLIE K 1111 SUPERIOR AVE CLEVELAND, OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FRANKLIN, EARL R 1111 SUPERIOR AVE CLEVELAND, OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARMENTER, R E 1111 SUPERIOR AVE CLEVELAND, OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HENNESSEY, MARK 1111 SUPERIOR AVE CLEVELAND, OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** E. R. Franklin **V.P. and Secretary** **04-23-04** **216-523-5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **E. R. Franklin** Date Daytime Phone #