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Feb 10, 1999 8:00am  
Secretary of State

02-10-1999 90070 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P24718

1. Corporation Name

OHIO TRANSFORMER, INC.

Principal Place of Business

1776 CONSTITUTION AVENUE  
LOUISVILLE OH 44641  
US

Mailing Address

130 E. RANDOLPH DRIVE  
SUITE 2900  
CHICAGO IL 60601-6207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1989

4. FEI Number

34-0926742

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WILLIAMS, JERRY O  
STREET ADDRESS 2750 SHERIDAN ROAD  
CITY-ST-ZIP EVANSVILLE IL 60201-1728

☐ DELETE

TITLE V  
NAME BIESACK, DONALD A  
STREET ADDRESS 1350 NO. LAKE SHORE DR., #1912-S  
CITY-ST-ZIP CHICAGO IL 60610

☐ DELETE

TITLE VS  
NAME FITZPATRICK, THOMAS M  
STREET ADDRESS 5514 S. HARPER AVE.  
CITY-ST-ZIP CHICAGO IL 60637

☐ DELETE

TITLE V  
NAME SALADINO, JOHN A  
STREET ADDRESS 130 E. RANDOLPH DRIVE, STE 2900  
CITY-ST-ZIP CHICAGO IL 60601

☐ DELETE

TITLE VTS  
NAME HELME, JOSEPH W JR  
STREET ADDRESS 408 W. 51ST ST.  
CITY-ST-ZIP WESTERN SPRINGS IL 60558

☐ DELETE

TITLE D  
NAME BORDEN, JOHN  
STREET ADDRESS 30865 RIVER CROSSING 290159  
CITY-ST-ZIP BIRMINGHAM FALLS MI 48025

☐ DELETE

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

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-99

312 228 4400

CR2E034 (11/98)