

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28269**
1. Corporation Name
Chomerics, Inc.

200001490062
-05/17/95--01024--004
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **2/27/90** 3a. Date of Last Report **4/18/94**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 17325 Euclid Avenue		26 17325 Euclid Avenue		04-2281379		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Cleveland, OH		28 Cleveland, OH					
Zip	County	Zip	County				
24 44112	25 Cuyahoga	29 44112	30 Cuyahoga				


9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Prentice Hall Corporation Systems 110 North Magnolia Street Tallahassee, FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 registering.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Michael Hiemstra
STREET ADDRESS		1.3 STREET ADDRESS	17325 Euclid Avenue
CITY, ST, ZIP		1.4 CITY, ST, ZIP	Cleveland, OH 44112
TITLE		2.1 TITLE	Vice President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Joseph Whiteman
STREET ADDRESS		2.3 STREET ADDRESS	17325 Euclid Avenue
CITY, ST, ZIP		2.4 CITY, ST, ZIP	Cleveland, OH 44112
TITLE		3.1 TITLE	Secretary & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Thomas A. Piraino
STREET ADDRESS		3.3 STREET ADDRESS	17325 Euclid Avenue
CITY, ST, ZIP		3.4 CITY, ST, ZIP	Cleveland, OH 44112
TITLE		4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Timothy Pistell
STREET ADDRESS		4.3 STREET ADDRESS	17325 Euclid Avenue
CITY, ST, ZIP		4.4 CITY, ST, ZIP	Cleveland, OH 44112
TITLE		5.1 TITLE	Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Donald Kehr
STREET ADDRESS		5.3 STREET ADDRESS	17325 Euclid Avenue
CITY, ST, ZIP		5.4 CITY, ST, ZIP	Cleveland, OH 44112
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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)(h), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Timothy K. Pistell, Treasurer
DATE: **5/1/95** (210) 531-3000