

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P29178 (1)

1. Corporation Name

TAMCO DISTRIBUTORS COMPANY



Principal Place of Business

20 FEDERAL PLAZA WEST
P O BOX 400
YOUNGSTOWN PA 44501-0400
US

Mailing Address

20 FEDERAL PLAZA WEST
P O BOX 400
YOUNGSTOWN OH 44501-0400
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

YOUNGSTOWN OH

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

05/03/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

34-1628777

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

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

Signature of officer or director of corporation, or of the registered agent, if applicable.

Signature of Registered Agent, if not the registered agent, if applicable.

DATE

12. OFFICERS AND DIRECTORS

TITLE PCOO
NAME SCHWARTZ, M DAVID
STREET ADDRESS 20 FEDERAL PLZ W
CITY-ST-ZIP YOUNGSTOWN OH ☐ DELETE

TITLE T
NAME AUSTIN, PETER S
STREET ADDRESS 5700 CAIN OSKS ST
CITY-ST-ZIP PITTSBURG PA ☒ DELETE

TITLE VT
NAME O'LEARY, DANIEL J
STREET ADDRESS 5221 OYSTER BAY DRIVE
CITY-ST-ZIP BOARDMAN OH ☐ DELETE

TITLE ASAT
NAME MALKIN, MICHAEL L
STREET ADDRESS 22008 HALBURTON RD
CITY-ST-ZIP BEACHWOOD OH ☐ DELETE

TITLE D
NAME SHAPIRA, DAVID S.
STREET ADDRESS 111 HAWTHORNE RD
CITY-ST-ZIP PITTSBURGH PA ☒ DELETE

TITLE D
NAME CHAIT, GERALD
STREET ADDRESS 179 MILLVIEW DR
CITY-ST-ZIP PITTSBURGH PA ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP ☒ Change ☐ Addition

17. TITLE ☒ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP ☒ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

Daniel J. O'Leary

DANIEL J. O'LEARY SRVP./CFO 4/26/96

(330) 746-6641
DANIEL J. O'LEARY

CR2E034 (12/95)