

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90346 050 ***150.00

DOCUMENT # P29977

1. Entity Name
ICX CORPORATION



Principal Place of Business
**3 SUMMIT PARK DR #200
INDEPENDENCE, OH 44131**

Mailing Address
**3 SUMMIT PARK DR #200
INDEPENDENCE, OH 44131**

DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
34-1583171

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARINIK, MARK S.
STREET ADDRESS	2 SUMMIT PARK DRIVE, STE 300
CITY-ST-ZIP	CLEVELAND, OH 44131
TITLE	SVP
NAME	BENDER, GERALD F.
STREET ADDRESS	2 SUMMIT PARK DRIVE, SUTIE 300
CITY-ST-ZIP	CLEVELAND, OH 44131
TITLE	D
NAME	LOVINS, JAMES T.
STREET ADDRESS	2 SUMMIT PARK DRIVE, STE 300
CITY-ST-ZIP	CLEVELAND, OH 44131
TITLE	SVPS
NAME	BABBITT, MICHAEL R.
STREET ADDRESS	2 SUMMIT PARK DRIVE, STE 300
CITY-ST-ZIP	CLEVELAND, OH 44131
TITLE	SVP
NAME	ROWLAND, ROBERT H.
STREET ADDRESS	2 SUMMIT PARK DRIVE, STE 300
CITY-ST-ZIP	CLEVELAND, OH 44131
TITLE	D
NAME	KOCH, CHARLES JOHN
STREET ADDRESS	1215 SUPERIOR AVE
CITY-ST-ZIP	CLEVELAND, OH 44114

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Babbitt
Sr. Vice President

Date

4/14/05

Daytime Phone #

216-326-8700

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