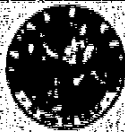


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P30144 (0)
1. Corporation Name
TR-C CONSTRUCTION COMPANY OF OHIO, INC.

Principal Place of Business
**1785 MERRIMAN ROAD
AKRON OH 44313**

Mailing Address
**1785 MERRIMAN ROAD
AKRON OH 44313**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/12/1990

3a. Date of Last Report
03/09/1994

4. FEI Number
34-1636772

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

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT / DIRECTOR ☒ Change ☐ Addition
NAME	PETRARCA, ANTHONY A.	1.2 NAME	
STREET ADDRESS	1785 MERRIMAN ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	AKRON OH	1.4 CITY - ST - ZIP	
TITLE	VT	2.1 TITLE	☐ Change ☐ Addition
NAME	PELECH, MICHAEL	2.2 NAME	
STREET ADDRESS	1785 MERRIMAN ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	AKRON OH	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	PETRARCA, LENORA J.	3.2 NAME	
STREET ADDRESS	1785 MERRIMAN ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	AKRON OH	3.4 CITY - ST - ZIP	
TITLE	ASD	4.1 TITLE	ASSISTANT SECRETARY ☒ Change ☐ Addition
NAME	DUFF, ANDREW R.	4.2 NAME	
STREET ADDRESS	1785 MERRIMAN RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	AKRON OH	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	NOGGLE, D. BRUCE	5.2 NAME	
STREET ADDRESS	1785 MERRIMAN ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	AKRON OH	5.4 CITY - ST - ZIP	
TITLE	VPCC	6.1 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	WAINWRIGHT, JON M	6.2 NAME	
STREET ADDRESS	1785 MERRIMAN ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	AKRON OH	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 110.07(3)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/95

216-836-977