

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31662 (0)

1. Corporation Name

MOONEY CHEMICALS, INC.

Principal Place of Business

Mailing Address

**2301 SCRANTON ROAD
CLEVELAND OH 44113-1335**

**2301 SCRANTON ROAD
CLEVELAND OH 44113-1335**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/31/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **34-1604066** 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **44113-4395**

29 **44113-4395**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MOONEY, JAMES P.**
STREET ADDRESS **2410 PEBBLEBROOK**
CITY - ST - ZIP **WESTLAKE OH 44145**

TITLE **PD**
NAME **BAK, EUGENE**
STREET ADDRESS **2231 WHISPERING COVE CIRCLE**
CITY - ST - ZIP **WESTLAKE OH 44145**

TITLE **D**
NAME **BRODUE, LEE R.**
STREET ADDRESS **3904 CARDINAL ROAD**
CITY - ST - ZIP **AKRON OH 44333**

TITLE **S**
NAME **SCOTT, MICHAEL J.**
STREET ADDRESS **4625 GREENWOLD**
CITY - ST - ZIP **S. EUCLID OH 44121**

TITLE **D**
NAME **LESUER, W.A.**
STREET ADDRESS **6514 ROXBORO**
CITY - ST - ZIP **MAYFIELD VILLAGE OH 44143**

TITLE **V**
NAME **FLEMING, THOMAS E.**
STREET ADDRESS **17 BRANDON PLACE**
CITY - ST - ZIP **ROCKY RIVER OH 44116**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE **P** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 118.07(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 registered agent or authorized representative empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as principal, or on an attached change form as address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Fleming, President

04/12/95 216-781-8383
(Date) (Telephone #)