

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P31662 (0)

1. Corporation Name

MOONEY CHEMICALS, INC.



Principal Place of Business

2301 SCRANTON ROAD  
CLEVELAND OH 44113-4395  
US

Mailing Address

2301 SCRANTON ROAD  
CLEVELAND OH 44113-4395  
US

3. Date Incorporated or Qualified

10/31/1990

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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 the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

D  
NAME BAK, EUGENE  
STREET ADDRESS 2231 WHISPERING COVE CIRCLE  
CITY-ST-ZIP WESTLAKE OH

TITLE ☐ DELETE

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

TITLE ☐ DELETE

S  
NAME SCOTT, MICHAEL J.  
STREET ADDRESS 4825 GREENWOLD  
CITY-ST-ZIP S. EUCLID OH 44121

TITLE ☐ DELETE

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

TITLE ☐ DELETE

P  
NAME FLEMING, THOMAS E.  
STREET ADDRESS 17 BRANDON PLACE  
CITY-ST-ZIP ROCKY RIVER OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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 ☐ 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 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

Date

Daytime Phone #

CR2E034 (12/95)