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 # **P32753** **(6)**

1. Corporation Name

LDI CORPORATION OF OHIO

Principal Place of Business	Mailing Address
4700 HINCKLEY INDUSTRIAL PKWY CLEVELAND OH 44109 US	4770 HINCKLEY INDUSTRIAL PKWY CLEVELAND OH 44109 US

3. Date Incorporated or Qualified: **02/08/1991**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **31-1179824** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	KENDALL, ROBERT S.		1.2 NAME	KENDALL, ROBERT S.	
STREET ADDRESS	4775 HINCKLEY INDUSTRIAL PKWY		1.3 STREET ADDRESS	4770 HINCKLEY INDUSTRIAL PKWY	
CITY-ST-ZIP	CLEVELAND FL		1.4 CITY-ST-ZIP	CLEVELAND, OH. 44109	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	KENNEDY, MICHAEL		2.2 NAME	ROSE, NORTON W.	
STREET ADDRESS	4770 HINCKLEY INDUSTRIAL PKWY		2.3 STREET ADDRESS	1215 VALLEY BELT ROAD	
CITY-ST-ZIP	CLEVELAND OH		2.4 CITY-ST-ZIP	CLEVELAND, OH. 44131-1451	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	CUTTER, THOMAS A.		3.2 NAME	SEELBACH, WILLIAM R.	
STREET ADDRESS	4770 HINCKLEY INDUSTRIAL PKWY		3.3 STREET ADDRESS	25700 SCIENCE PARK DR. STE. 180	
CITY-ST-ZIP	CLEVELAND OH		3.4 CITY-ST-ZIP	BEACHWOOD, OH. 44122	
TITLE	PD	☐ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	ROBINSON, FLOYD S		4.2 NAME	HOLLINGSWORTH, MONT C.	
STREET ADDRESS	4770 HINCKLEY INDUSTRIAL PKWY		4.3 STREET ADDRESS	4770 HINCKLEY INDUSTRIAL PKWY	
CITY-ST-ZIP	CLEVELAND OH		4.4 CITY-ST-ZIP	CLEVELAND, OH. 44109	
TITLE	D	☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	COWEN, SCOTT S.		5.2 NAME	TELLJOHANN, ERIC P.	
STREET ADDRESS	10900 EUCLID AVE.		5.3 STREET ADDRESS	4770 HINCKLEY INDUSTRIAL PKWY.	
CITY-ST-ZIP	CLEVELAND OH		5.4 CITY-ST-ZIP	CLEVELAND, OH. 44109	
TITLE	V	☒ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME	COLLINS, WALTER R., JR.		6.2 NAME	DIEMER, DENNIS J.	
STREET ADDRESS	30033 CLEMENS RD.		6.3 STREET ADDRESS	4770 HINCKLEY INDUSTRIAL PKWY.	
CITY-ST-ZIP	WESTLAKE OH		6.4 CITY-ST-ZIP	CLEVELAND, OH. 44109	

CR2E034 (12/95)

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: Mont C. Hollingsworth Mont C. Hollingsworth 4/2/96 (216) 485-48
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #