

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # **P33348**

(4)

1. Corporation Name

EATON ETN OFFSHORE LTD. INC.

Principal Place of Business

**THE GROSVENOR BUILDING
1040 WEST GEORGIA STREET, 15TH FLOOR
VANCOUVER, B.C. CANADA V6E 4**

Mailing Address

**EATON CORPORATION
1111 SUPERIOR AVENUE
CLEVELAND OH 44114-2507
US**

3. Date Incorporated or Qualified

03/28/1991

3a. Date of Last Report

04/23/1996

4. FEI Number

34-1651098

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

25 Country

2a. Mailing Address

26 **Please add to mailing add**

27 **Attn: Tax Department**

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

Signature of officer or principal named registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CARMONT, JOHN M.
STREET ADDRESS	1111 SUPERIOR AVE.
CITY-ST-ZIP	CLEVELAND OH
TITLE	VS <input type="checkbox"/> DELETE
NAME	FRANKLIN, EARL R.
STREET ADDRESS	1111 SUPERIOR AVENUE
CITY-ST-ZIP	CLEVELAND OH
TITLE	VT <input type="checkbox"/> DELETE
NAME	DONOVAN, PATRICK X.
STREET ADDRESS	1111 SUPERIOR AVE.
CITY-ST-ZIP	CLEVELAND OH
TITLE	V <input type="checkbox"/> DELETE
NAME	LEACH, RONALD L.
STREET ADDRESS	1111 SUPERIOR AVE.
CITY-ST-ZIP	CLEVELAND OH
TITLE	V <input type="checkbox"/> DELETE
NAME	OTTO, DAVID O.
STREET ADDRESS	1111 SUPERIOR AVE.
CITY-ST-ZIP	CLEVELAND OH
TITLE	D <input type="checkbox"/> DELETE
NAME	RONALD G CLEMENTS
STREET ADDRESS	686 PARKDALE AVE N
CITY-ST-ZIP	HAMILTON ON

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert E. Parmenter
1.3 STREET ADDRESS	1111 Superior Avenue
1.4 CITY-ST-ZIP	Cleveland, Ohio 44114
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *E. R. Franklin*

E. R. Franklin, V.P. & Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/97

Daytime Phone #

216/523-4455

0478278

CR2E034 (9/96)