

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90985 026 ***150.00

DOCUMENT # P33348

1. Entity 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 AVE - ATTN TAX DEPT
CLEVELAND OH 44114
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1651098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PARMENTER, ROBERT E**
STREET ADDRESS **1111 SUPERIOR AVE**
CITY-ST-ZIP **CLEVELAND OH**

TITLE **VS** ☐ Delete
NAME **FRANKLIN, EARL R.**
STREET ADDRESS **1111 SUPERIOR AVENUE**
CITY-ST-ZIP **CLEVELAND OH**

TITLE **VT** ☐ Delete
NAME **RAWOT, BILLIE K**
STREET ADDRESS **1111 SUPERIOR AVENUE**
CITY-ST-ZIP **CLEVELAND OH 44114**

TITLE **V** ☐ Delete
NAME **GREEN, KAREN J**
STREET ADDRESS **1111 SUPERIOR AVE**
CITY-ST-ZIP **CLEVELAND OH 44114**

TITLE **V** ☐ Delete
NAME **OTTO, DAVID O.**
STREET ADDRESS **1111 SUPERIOR AVE.**
CITY-ST-ZIP **CLEVELAND OH**

TITLE **D** ☐ Delete
NAME **LANGS, J. M.**
STREET ADDRESS **686 PARKDALE AVENUE**
CITY-ST-ZIP **N. HAMILTON ON L8-n5z4**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E. R. Franklin

V.P. and Secretary

4-23-04

216-523-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #