

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90224 041 ***158.75

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 EATOM CORPORATION 1111 SUPERIOR AVE - ATTN TAX DEPARTME CLEVELAND OH 44114 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

14008010



1st MOORE CR2E034 (10/04)

4. FEI Number 34-1651098		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARMENTER, ROBERT E	NAME	
STREET ADDRESS	1111 SUPERIOR AVE	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, EARL R.	NAME	
STREET ADDRESS	1111 SUPERIOR AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWOT, BILLIE K	NAME	
STREET ADDRESS	1111 SUPERIOR AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, KAREN J	NAME	
STREET ADDRESS	1111 SUPERIOR AVE	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO, DAVID O.	NAME	
STREET ADDRESS	1111 SUPERIOR AVE.	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGS, J. M.	NAME	
STREET ADDRESS	686 PARKDALE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	N. HAMILTON ON 18-n5z4	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 E. R. Franklin V.P. & Secretary 4-22-05 216.523.5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #