

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91048 023 ***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 DEPARTMENT
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

4. FEI Number **34-1651098**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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, 2003 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
NAME	PARMENTER, ROBERT E	
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	VPT	<input checked="" type="checkbox"/> Delete
NAME	DILLON, ADRIAN T	
STREET ADDRESS	1111 SUPERIOR AVENUE	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREEN, KAREN J	
STREET ADDRESS	1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND OH 44114	
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	LANGS, J. M.	
STREET ADDRESS	686 PARKDALE AVENUE	
CITY-ST-ZIP	N. HAMILTON ON L8-N5Z4	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rawot, Billie K.	
STREET ADDRESS	1111 Superior Avenue	
CITY-ST-ZIP	Cleveland, OH 44114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *ESQ. FUTURE REQUIRED* and Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03 216/523-5000

Date

Daytime Phone #

CR2E034 (10/02)