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 # **P40308** **(9)**

1. Corporation Name

COOPER & CO., INC.

Principal Place of Business	Mailing Address
2095 SEYMOUR AVE. CINCINNATI OH 45237	2095 SEYMOUR AVE. CINCINNATI OH 45237

3. Date Incorporated or Qualified: **08/28/1992**

3a. Date of Last Report: **07/25/1995**

2. Principal Place of Business	2a. Mailing Address
21 10179 Commerce Park Drive	26 10179 Commerce Park Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Cincinnati, Ohio	28 Cincinnati, Ohio
24 Zip 45246 / 25 Country	29 Zip 45246 / 30 Country

4. FEI Number: **31-0622081** ☐ 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 RD.
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 New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	COOPER, ALBERT		1.2 NAME		
STREET ADDRESS	2095 SEYMOUR AVENUE		1.3 STREET ADDRESS	10179 Commerce Park Drive	
CITY-ST-ZIP	CINCINNATI OH		1.4 CITY, ST, ZIP	Cincinnati, Ohio 45246	
TITLE	DP	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	COOPER, DAVID S.		2.2 NAME		
STREET ADDRESS	2095 SEYMOUR AVE.		2.3 STREET ADDRESS	10179 Commerce Park Drive	
CITY-ST-ZIP	CINCINNATI OH		2.4 CITY, ST, ZIP	Cincinnati, Ohio 45246	
TITLE	DS	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	COOPER, SELMA R.		3.2 NAME		
STREET ADDRESS	2095 SEYMOUR AVE.		3.3 STREET ADDRESS	10179 Commerce Park Drive	
CITY-ST-ZIP	CINCINNATI OH		3.4 CITY-ST-ZIP	Cincinnati, Ohio 45246	
TITLE	DP	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	COOPER, MARTIN		4.2 NAME		
STREET ADDRESS	2095 SEYMOUR AVE.		4.3 STREET ADDRESS	10179 Commerce Park Drive	
CITY-ST-ZIP	CINCINNATI OH		4.4 CITY-ST-ZIP	Cincinnati, OH 45246	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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)(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: Patricia Buckner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #