

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40308

FILED
Sep 08, 2004
Secretary of State

Entity Name: COOPER & CO., INC.

Current Principal Place of Business:

10179 COMMERCE PARK DR
CINCINNATI, OH 45246 US

New Principal Place of Business:

Current Mailing Address:

10179 COMMERCE PARK DRIVE
CINCINNATI, OH 45246 US

New Mailing Address:

FEI Number: 31-0622081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COOPER, ALBERT
Address: 10179 COMMERCE PARK DR
City-St-Zip: CINCINNATI, OH

Title: DP () Delete
Name: COOPER, DAVID S.
Address: 10179 COMMERCE PARK DR
City-St-Zip: CINCINNATI, OH

Title: DS () Delete
Name: COOPER, SELMA R.,
Address: 10179 COMMERCE PARK DRIVE
City-St-Zip: CINCINNATI, OH

Title: DP () Delete
Name: COOPER, MARTIN,
Address: 10179 COMMERCE PARK DR
City-St-Zip: CINCINNATI, OH

Title: T () Delete
Name: PICKERAL, PATRICIA
Address: 10179 COMMERCE PARK DR
City-St-Zip: CINCINNATI, OH 45246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DAVID, GRIFFITHS M TREAS
Address: 10179 COMMERCE PARK DR
City-St-Zip: CINCINNATI, OH 45246

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. GRIFFITHS

TREA

09/08/2004

Electronic Signature of Signing Officer or Director

_____ Date