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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000056695 (2)

1. Corporation Name
NENHIO CORP.

Principal Place of Business	Mailing Address
1040 JENNINGS ROAD VAN WERT, OH 45891	1040 JENNINGS ROAD VAN WERT, OH 45891

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/12/93
3a. Date of Last Report: 3/13/94
4. FEI Number: 34 1745413 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SECRETARY/TREASURER/DIRECTOR	11 TITLE	☐ Change ☐ Addition
NAME	VITO GRAZIANO	12 NAME	
STREET ADDRESS	114 MOUNTAIN AVE	13 STREET ADDRESS	
CITY ST ZIP	SUMMIT, NJ 07901	14 CITY ST ZIP	
TITLE	PRESIDENT, DIRECTOR	21 TITLE	☐ Change ☐ Addition
NAME	ABRAHAM A. TUKK	22 NAME	
STREET ADDRESS	600 ROUTE 44-55	23 STREET ADDRESS	
CITY ST ZIP	HIGHLAND, NY 12528	24 CITY ST ZIP	
TITLE	DIRECTOR	31 TITLE	☐ Change ☐ Addition
NAME	NATHAN M. TUKK	32 NAME	
STREET ADDRESS	600 ROUTE 44-55	33 STREET ADDRESS	
CITY ST ZIP	HIGHLAND, NY 12528	34 CITY ST ZIP	
TITLE	VICE PRESIDENT, DIRECTOR	41 TITLE	☐ Change ☐ Addition
NAME	GARY STULTZ	42 NAME	
STREET ADDRESS	314 DAVID STREET	43 STREET ADDRESS	
CITY ST ZIP	VAN WERT, OH 45891	44 CITY ST ZIP	
TITLE	DIRECTOR	51 TITLE	☐ Change ☐ Addition
NAME	MICHAEL J. MCKENZIE	52 NAME	
STREET ADDRESS	1040 JENNINGS ROAD	53 STREET ADDRESS	
CITY ST ZIP	VAN WERT, OH 45891	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/26/95 (Date) (813) 539-1369 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL