

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005438

**Entity Name:** FCX PERFORMANCE, INC.

**Current Principal Place of Business:**

ONE APPLIED PLAZA  
CLEVELAND, OH 44115

**Current Mailing Address:**

ONE APPLIED PLAZA  
CLEVELAND, OH 44115 US

**FEI Number:** 31-1644350

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title DIRECTOR, CEO  
Name SCHRIMSHER, NEIL A  
Address ONE APPLIED PLAZA  
City-State-Zip: CLEVELAND OH 44115

Title VICE PRESIDENT/CHIEF FINANCIAL OFFICER & TREASURER, DIRECTOR  
Name WELLS, DAVID K  
Address ONE APPLIED PLAZA  
City-State-Zip: CLEVELAND OH 44115

Title VP  
Name LORING, K. W.  
Address ONE APPLIED PLAZA  
City-State-Zip: CLEVELAND OH 44115

Title VP  
Name MILLER, BRIAN  
Address ONE APPLIED PLAZA  
City-State-Zip: CLEVELAND OH 44115

Title VICE PRESIDENT/SECRETARY  
Name BAUER, F. D.  
Address ONE APPLIED PLAZA  
City-State-Zip: CLEVELAND OH 44115

Title ASSISTANT TREASURER  
Name MCELHANNON, S. S.  
Address ONE APPLIED PLAZA  
City-State-Zip: CLEVELAND OH 44115

Title PRESIDENT  
Name HOFFNER, W. E.  
Address ONE APPLIED PLAZA  
City-State-Zip: CLEVELAND OH 44115

Title CORPORATE CONTROLLER  
Name MACEY, C.  
Address ONE APPLIED PLAZA  
City-State-Zip: CLEVELAND OH 44115

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** W. E. HOFFNER

**PRESIDENT**

**04/10/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT TREASURER  
Name CIESLAK, R.  
Address ONE APPLIED PLAZA  
City-State-Zip: CLEVELAND OH 44115