

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004796 (6)
 1. Corporation Name
EATON SEMICONDUCTOR EQUIPMENT INC.

Principal Place of Business 1111 SUPERIOR AVE. CLEVELAND OH 44114	Mailing Address 1111 SUPERIOR AVE. CLEVELAND OH 44114-2507
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/18/1996	3a. Date of Last Report
21. State, Apt. #, etc.	26. City & State	4. FEI Number 34-1818596	Applied For Not Applicable
22. City & State	27. Please add: Attn: Tax Department	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMAN, BRIAN R	1.2 NAME	
STREET ADDRESS	1111 SUPERIOR AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	CLEVELAND OH 44114	1.4 CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHERLEIN, GERALD L	2.2 NAME	
STREET ADDRESS	1111 SUPERIOR AVE.	2.3 STREET ADDRESS	
CITY- ST- ZIP	CLEVELAND OH 44114	2.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNGER, PETER R	3.2 NAME	
STREET ADDRESS	1111 SUPERIOR AVE.	3.3 STREET ADDRESS	
CITY- ST- ZIP	CLEVELAND OH 44114	3.4 CITY- ST- ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMONT, JOHN M	4.2 NAME	V.P. and Treasurer
STREET ADDRESS	1111 SUPERIOR AVE.	4.3 STREET ADDRESS	Robert E. Parmenter
CITY- ST- ZIP	CLEVELAND OH 44114	4.4 CITY- ST- ZIP	1111 Superior Avenue
TITLE	VS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEACH, RONALD L	5.2 NAME	Director
STREET ADDRESS	1111 SUPERIOR AVE.	5.3 STREET ADDRESS	Stephen R. Hardis
CITY- ST- ZIP	CLEVELAND OH 44114	5.4 CITY- ST- ZIP	1111 Superior Avenue
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, EARL R	6.2 NAME	Cleveland, Ohio 44114
STREET ADDRESS	1111 SUPERIOR AVE.	6.3 STREET ADDRESS	
CITY- ST- ZIP	CLEVELAND OH 44114	6.4 CITY- ST- ZIP	

14. I do 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 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: E. R. Franklin **E. R. Franklin, V.P. & Secretary** **4/23/97** **216/523-4455**

CR2E034 (9/96)