

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 22 AM 8:26

**DOCUMENT # P12591 (4)**

1. Corporation Name  
**ASTRO INDUSTRIES, INC.**

Principal Place of Business Mailing Address  
**4403 DAYTON-XENIA ROAD DAYTON OH 45432**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/19/1986** 3a. Date of Last Report **06/17/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country

24 25 29 30

4. FEI Number **31-0726326** 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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 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: typed or printed name of registered agent and title of association

(NOTE: Registered Agent signatures required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **PD**  
 NAME **JOSHI, KRISHAN K.**  
 STREET ADDRESS **2580 LANTZ ROAD**  
 CITY - ST - ZIP **BEAVERCREEK OH**

1 1 TITLE  
 1 2 NAME  
 1 3 STREET ADDRESS  
 1 4 CITY - ST - ZIP

TITLE **VST**  
 NAME **SAINI, SURINDER K.**  
 STREET ADDRESS **1254 DEQUINCY DRIVE**  
 CITY - ST - ZIP **BEAVERCREEK OH**

2 1 TITLE  Change  Addition  
 2 2 NAME  
 2 3 STREET ADDRESS  
 2 4 CITY - ST - ZIP

TITLE **D**  
 NAME **JOSHI, VICKY M.**  
 STREET ADDRESS **2580 LANTZ ROAD**  
 CITY - ST - ZIP **BEAVERCREEK OH**

3 1 TITLE  Change  Addition  
 3 2 NAME  
 3 3 STREET ADDRESS  
 3 4 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

4 1 TITLE  Change  Addition  
 4 2 NAME  
 4 3 STREET ADDRESS  
 4 4 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

5 1 TITLE  Change  Addition  
 5 2 NAME  
 5 3 STREET ADDRESS  
 5 4 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

6 1 TITLE  Change  Addition  
 6 2 NAME  
 6 3 STREET ADDRESS  
 6 4 CITY - ST - ZIP

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Krishan K. Joshi Krishan K. Joshi 6/13/95 513/429-5900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E034 (3/95)