

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P24210** (7)

1. Corporation Name
EATON IDT, INC.



Principal Place of Business

**173 HEATHERDOWN DRIVE
WESTERVILLE OH 43081**

Mailing Address

**P.O. BOX 6166
WESTERVILLE OH 43086-6166**

3. Date Incorporated or Qualified 05/08/1989	3a. Date of Last Report 04/28/1995
4. FEI Number 31-1013086	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code FL

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M <input checked="" type="checkbox"/> DELETE	1.1 TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEDER, JERALD J	1.2 NAME	Krol, Peter F.
STREET ADDRESS	4201 N 27TH ST	1.3 STREET ADDRESS	4201 N 27TH St.
CITY- ST- ZIP	MILWAUKEE WI	1.4 CITY- ST- ZIP	Milwaukee WI 53216
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, WALTER J.	2.2 NAME	
STREET ADDRESS	1432 CLUBVIEW BLVD., N.	2.3 STREET ADDRESS	
CITY- ST- ZIP	WORTHINGTON OH	2.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GILBERT, JR.	3.2 NAME	
STREET ADDRESS	1655 WREN LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	POWELL OH	3.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, NANCY	4.2 NAME	
STREET ADDRESS	6013 DARBY LANE	4.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBUS OH	4.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, SIMON	5.2 NAME	
STREET ADDRESS	4313 BEAR TOOTH CT.	5.3 STREET ADDRESS	
CITY- ST- ZIP	GAHANNA OH	5.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORST, J. ROBERT	6.2 NAME	
STREET ADDRESS	1111 SUPERIOR AVENUE	6.3 STREET ADDRESS	
CITY- ST- ZIP	CLEVELAND OH	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Simon Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Simon Kelly

02-29-96

(614) 882-3282

Date Daytime Phone #

CR2E034 (12/95)