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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P24210

(7)

1. Corporation Name  
CUTLER-HAMMER 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 03/05/1996
4. FEI Number 31-1013086	Applied For 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
25	30

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  
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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	M	<input type="checkbox"/> DELETE
NAME	KROL, PETER F	
STREET ADDRESS	4201 N 27TH ST	
CITY - ST - ZIP	MILWAUKEE WI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DOYLE, WALTER J.	
STREET ADDRESS	1432 CLUBVIEW BLVD.,N.	
CITY - ST - ZIP	WORTHINGTON OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMS, GILBERT, JR.	
STREET ADDRESS	1655 WREN LANE	
CITY - ST - ZIP	POWELL OH	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COOPER, NANCY	
STREET ADDRESS	6013 DARBY LANE	
CITY - ST - ZIP	COLUMBUS OH	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, SIMON	
STREET ADDRESS	4313 BEAR TOOTH CT.	
CITY - ST - ZIP	GAHANNA OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HORST, J. ROBERT	
STREET ADDRESS	1111 SUPERIOR AVENUE	
CITY - ST - ZIP	CLEVELAND OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Treasurer
5.3 STREET ADDRESS	Edward R. Costin
5.4 CITY - ST - ZIP	639 Hickory View Ct. Westerville, OH 43081
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Edward R. Costin REQUIRED Edward R. Costin 02/28/97 (614) 899-5220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)