

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24210

1. Entity Name

CUTLER-HAMMER IDT, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90018 026 ***150.00

Principal Place of Business

Mailing Address

173 HEATHERDOWN DRIVE
WESTERVILLE OH 43081

P.O. BOX 6166
WESTERVILLE OH 43086-6166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1013086**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, D M	
STREET ADDRESS	1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	P	<input type="checkbox"/> Delete
NAME	CUTLER, A M	
STREET ADDRESS	1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAWOT, BILLIE K	
STREET ADDRESS	1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	FRANKLIN, EARL R	
STREET ADDRESS	1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARMENTER, R E	
STREET ADDRESS	1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HENNESSEY, MARK	
STREET ADDRESS	1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND OH 44114	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dillon, A. T.	
STREET ADDRESS	1111 Superior Avenue	
CITY-ST-ZIP	Cleveland, OH 44114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Earl R. Franklin

EARL R. Franklin, V.P. & Secretary

2-18-00

216/523-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)