2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # P24210** 1. Entity Name CUTLER-HAMMER IDT, INC. 04-30-2001 90125 037 ***150.00 Principal Place of Business Mailing Address 173 HEATHERDOWN DRIVE P.O. BOX 6166 WESTERVILLE OH 43081 WESTERVILLE OH 43086-6166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 31-1013086 Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET STE 105 TALLAHASSEE FL 32301 City 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 Tapplicable. (NOTE, Registered Agent signature required when reinstating) DA~£ 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Applied For

Zip Code

\$5.00 May Be

Added to Fees

Not Applicable

FILLE	VF	☐ Delete	TITLE		☐ Change	Addition
NAME	DILLON, A.T.		NAME		_	
STREET ADDRESS	1111 SUPERIOR AVE	á .	STREET ADDRESS			
CITY-ST-ZIP	CLEVELAND OH 44114	<u>t</u>	CITY-ST-Z:P			
TITLE	P	☐ Delete	TITLE		☐ Change	Addition
NAME	CUTLER, A M		NAME			
STREET ADDRESS	1111 SUPERIOR AVE		STREET ADDRESS			
CITY -St - ZIP	CLEVELAND OH 44114		CITY-ST-ZIP			
TITLE	V	☐ Delete	TITLE		☐ Change	☐ Add tion
NAME	RAWOT, BILLIE K		NAME			
STREET ADDRESS	1111 SUPERIOR AVE	<u> </u>	STREET ADDRESS			
CITY-ST-Z:P	CLEVELAND OH 44114		CHY-ST-ZIP			
TITLE	VP\$	☐ Delete	TITLE	VPSD	☐ Change	X Addition
NAME	Franklin, Earl R		NAME			
STREET ADDRESS	AAAA OHORDIOD AVE					
oluse: Appueso	1111 SUPERIOR AVE		STREET ADDRESS			
CITY-ST-ZIP	CLEVELAND OH 44114	ļ	STREET ADDRESS CITY-ST-ZIP			į
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CITY-ST-ZIP		☐ Delate	CITY-ST-ZiP		[] Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CLEVELAND OH 44114 T PARMENTER, R E 1111 SUPERIOR AVE CLEVELAND OH 44114 AS		CITY-ST-ZiP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE		•	* **** (va
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CLEVELAND OH 44114 T PARMENTER, R E 1111 SUPERIOR AVE CLEVELAND OH 44114 AS HENNESSEY, MARK		CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME		•	* **** (va

13. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. & Secretary

216/523-5000