

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2005
Secretary of State**

DOCUMENT# P25769

Entity Name: HANCOR, INC.

Current Principal Place of Business:

PO BOX 1047
FINDLAY, OH 45839

New Principal Place of Business:

Current Mailing Address:

PO BOX 1047
FINDLAY, OH 45839

New Mailing Address:

FEI Number: 34-1034349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ANDERSON, STEVEN A
Address: 401 OLIVE STREET
City-St-Zip: FINDLAY, OH

Title: D () Delete
Name: SCOTT, JOSEPH SR
Address: 401 OLIVE ST
City-St-Zip: FINDLAY, OH 45840

Title: VT () Delete
Name: MAAG, JOHN
Address: 401 OLIVE STREET
City-St-Zip: FINDLAY, OH

Title: V () Delete
Name: FERREN, PAT
Address: 401 OLIVE ST
City-St-Zip: FINDLAY, OH 45840

Title: DS () Delete
Name: PROGER, PHILLIP,
Address: 401 OLIVE STREET
City-St-Zip: FINDLAY, OH

Title: VP () Delete
Name: ALTERATT, WILLIAM
Address: 401 OLIVE STREET
City-St-Zip: FINDLAY, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. MAAG

TREA

04/21/2005

Electronic Signature of Signing Officer or Director

Date