

**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 # P25769 (1)  
1. Corporation Name  
HANCOR, INC.



Principal Place of Business: 401 OLIVE STREET FINDLAY OH 45840  
Mailing Address: 401 OLIVE STREET FINDLAY OH 45840

3. Date Incorporated or Qualified: 08/28/1989  
3a. Date of Last Report: 04/21/1995  
4. FEI Number: 34-1034349  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KREMER, FRED	1.1 TITLE	VICE-PRESIDENT
NAME	401 OLIVE STREET	1.2 NAME	CHRIS ERNST
STREET ADDRESS	FINDLAY OH	1.3 STREET ADDRESS	401 OLIVE ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	FINDLAY OH 45840
TITLE	V VAN DER KLOOSTER, FRITS	2.1 TITLE	DIRECTOR
NAME	401 OLIVE STREET	2.2 NAME	DAVID THOMAS
STREET ADDRESS	FINDLAY OH	2.3 STREET ADDRESS	401 OLIVE ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FINDLAY OH 45840
TITLE	VT HAUGHAWOUT, JOHN	3.1 TITLE	
NAME	401 OLIVE STREET	3.2 NAME	
STREET ADDRESS	FINDLAY OH	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SV HAUZIE (ASST. SEC.)	4.1 TITLE	
NAME	401 OLIVE STREET	4.2 NAME	
STREET ADDRESS	FINDLAY OH	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PROGER, PHILLIP	5.1 TITLE	
NAME	401 OLIVE STREET	5.2 NAME	
STREET ADDRESS	FINDLAY OH	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BRUCKMAN, BRUCE	6.1 TITLE	
NAME	401 OLIVE STREET	6.2 NAME	
STREET ADDRESS	FINDLAY OH	6.3 STREET ADDRESS	
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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 in 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: *John Haughawout* JOHN HAUGHAWOUT Date: (419) 424-8208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)