

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 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
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DOCUMENT # P25769 (1)

1. Corporation Name
HANCOR, INC.



Principal Place of Business 401 OLIVE STREET FINDLAY OH 45940	Mailing Address 401 OLIVE STREET FINDLAY OH 45840-5358
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/28/1989	3a. Date of Last Report 04/16/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 34-1034349	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KREMER, FRED	1.2 NAME	Dail Herman
STREET ADDRESS	401 OLIVE STREET	1.3 STREET ADDRESS	401 Olive St.
CITY-ST-ZIP	FINDLAY OH	1.4 CITY-ST-ZIP	Findlay OH 45840
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DAVID	2.2 NAME	
STREET ADDRESS	401 OLIVE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FINDLAY OH	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGHAWOUT, JOHN	3.2 NAME	
STREET ADDRESS	401 OLIVE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FINDLAY OH	3.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUZIE (ASST. SEC.)	4.2 NAME	
STREET ADDRESS	401 OLIVE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FINDLAY OH	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROGER, PHILLIP	5.2 NAME	
STREET ADDRESS	401 OLIVE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FINDLAY OH	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST, CHRIS	6.2 NAME	
STREET ADDRESS	401 OLIVE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FINDLAY OH	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, changed, or on an attachment with an address.

SIGNATURE: _____ **SIGNATURE REQUIRED** **4/25/97 (419) 424-8208**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)