

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 45840	Mailing Address 401 OLIVE STREET FINDLAY OH 45840
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 08/28/1989	Applied For
4. FEI Number 34-1034349	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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 _____ DATE _____
Signature of the person who is changing the location of the registered office or registered agent. Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HERMAN, DAIL	
STREET ADDRESS	401 OLIVE STREET	
CITY - ST - ZIP	FINDLAY OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, DAVID	
STREET ADDRESS	401 OLIVE STREET	
CITY - ST - ZIP	FINDLAY OH	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HAUGHAWOUT, JOHN	
STREET ADDRESS	401 OLIVE STREET	
CITY - ST - ZIP	FINDLAY OH	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	HAUZIE (ASST. SEC.)	
STREET ADDRESS	401 OLIVE STREET	
CITY - ST - ZIP	FINDLAY OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROGER, PHILLIP	
STREET ADDRESS	401 OLIVE STREET	
CITY - ST - ZIP	FINDLAY OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ERNEST, CHRIS	
STREET ADDRESS	401 OLIVE STREET	
CITY - ST - ZIP	FINDLAY OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

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 ***150.00

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14. 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 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 person or persons 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 can be obtained from an address _____

SIGNATURE _____ DATE *5/20/98*

CR2E034 (10/97)