

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

1-2

DOCUMENT # **P29977** (6)

1. Corporation Name
ICX CORPORATION



Principal Place of Business: **3 SUMMIT PARK DR #200 INDEPENDENCE OH 44131**
Mailing Address: **3 SUMMIT PARK DR #200 INDEPENDENCE OH 44131**

3. Date Incorporated or Qualified: **06/27/1990** 3a. Date of Last Report: **02/24/1995**
4. FEI Number: **34-1583171** Applied For: Not Applicable
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) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	MARINIK, MARK S.
STREET ADDRESS	3 SUMMIT PARK DRIVE
CITY-ST-ZIP	INDEPENDENCE OH
TITLE	VD <input type="checkbox"/> DELETE
NAME	BENDER, GERALD F.
STREET ADDRESS	3 SUMMIT PARK DRIVE
CITY-ST-ZIP	INDEPENDENCE OH
TITLE	VTD <input type="checkbox"/> DELETE
NAME	LOVINS, JAMES T.
STREET ADDRESS	3 SUMMIT PARK DRIVE
CITY-ST-ZIP	INDEPENDENCE OH
TITLE	VSD <input type="checkbox"/> DELETE
NAME	BABBITT, MICHAEL R.
STREET ADDRESS	3 SUMMIT PARK DRIVE
CITY-ST-ZIP	INDEPENDENCE OH
TITLE	VD <input type="checkbox"/> DELETE
NAME	ROWLAND, ROBERT H.
STREET ADDRESS	3 SUMMIT PARK DRIVE
CITY-ST-ZIP	INDEPENDENCE OH
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SEE ATTACHED LISTING OF ADDITIONAL DIRECTORS
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 for 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: *Michael R. Babbitt* 4-18-96 (216) 328-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MICHAEL R. BABBITT** Date: _____ Daytime Phone #: _____

CR2E034 (12/95)

2-2

Prepared for the State of Florida
ICX Corporation, Federal ID# 34-1583171

Please add the following to Section 13 of the 1996 Profit Corporation Annual Report:

TITLE	D
NAME	CHARLES JOHN KOCH
STREET ADDRESS	1215 SUPERIOR AVENUE
CITY - ST - ZIP	CLEVELAND OH 44114

TITLE	D
NAME	JOHN D. KOCH
STREET ADDRESS	1215 SUPERIOR AVENUE
CITY - ST - ZIP	CLEVELAND OH 44114

TITLE	D
NAME	LEONARD KRYSINSKI
STREET ADDRESS	1215 SUPERIOR AVENUE
CITY - ST - ZIP	CLEVELAND OH 44114

TITLE	D
NAME	CHARLES IPAVEC
STREET ADDRESS	1215 SUPERIOR AVENUE
CITY - ST - ZIP	CLEVELAND OH 44114