

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 44131-2543

3. Date Incorporated or Qualified
06/27/1990

3a. Date of Last Report
05/01/1996

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip Country
25

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30

4. FEI Number
34-1583171

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature in type or printed name of registered agent and officer, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MARINIK, MARK S. 3 SUMMIT PARK DRIVE INDEPENDENCE OH	<input type="checkbox"/> DELETE	1.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENDER, GERALD F. 3 SUMMIT PARK DRIVE INDEPENDENCE OH	<input type="checkbox"/> DELETE	1.2 NAME JOHN D. KOCH
STREET ADDRESS	LOVINS, JAMES T. 3 SUMMIT PARK DRIVE INDEPENDENCE OH	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 1215 SUPERIOR AVENUE
CITY-ST-ZIP	BABBITT, MICHAEL R. 3 SUMMIT PARK DRIVE INDEPENDENCE OH	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP CLEVELAND, OH 44114
TITLE	VS ROWLAND, ROBERT H. 3 SUMMIT PARK DRIVE INDEPENDENCE OH	<input type="checkbox"/> DELETE	2.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOCH, CHARLES JOHN 1215 SUPERIOR AVE CLEVELAND OH	<input type="checkbox"/> DELETE	2.2 NAME RICHARD NEJ
STREET ADDRESS			2.3 STREET ADDRESS 1215 SUPERIOR AVENUE
CITY-ST-ZIP			2.4 CITY-ST-ZIP CLEVELAND, OH 44114
TITLE			3.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME CHARLES IPAVEC
STREET ADDRESS			3.3 STREET ADDRESS 1215 SUPERIOR AVENUE
CITY-ST-ZIP			3.4 CITY-ST-ZIP CLEVELAND, OH 44114
TITLE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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 supplement to 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Michael R. Babbitt* Michael R. Babbitt Sr. Vice President
216-21-97 216-328-8700
Date Daytime Phone

CR2E034 (9/96)