


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 *6/4/99*

FILED
Apr 27, 1999 8:00 am
Secretary of State

0524465

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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04-27-1999 90208 033 ***150.00

DOCUMENT # P29977

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 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | |
|---|--|---|---------------------------------------|------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 06/27/1990 | 4. FEI Number 34-1583171 | Applied For No 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| | | |
|--|--|--|
| 9. Name and Address of Current 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 | 10. Name and Address of New Registered Agent |
|--|--|--|

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|-----------------------|
| TITLE | PD MARINIK, MARK S. 3 SUMMIT PARK DRIVE INDEPENDENCE OH | 1.1 TITLE | DIRECTOR |
| NAME | | 1.2 NAME | JOHN D. KOCH |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 1215 SUPERIOR AVE |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | CLEVELAND, OHIO 44114 |
| TITLE | V BENDER, GERALD F. 3 SUMMIT PARK DRIVE INDEPENDENCE OH | 2.1 TITLE | DIRECTOR |
| NAME | | 2.2 NAME | RICHARD NEU |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 1215 SUPERIOR AVE |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | CLEVELAND, OHIO 44114 |
| TITLE | VTD LOVINS, JAMES T. 3 SUMMIT PARK DRIVE INDEPENDENCE OH | 3.1 TITLE | DIRECTOR |
| NAME | | 3.2 NAME | CHARLES I PAVEC |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1215 SUPERIOR AVE |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | CLEVELAND, OHIO 44114 |
| TITLE | VS BABBITT, MICHAEL R. 3 SUMMIT PARK DRIVE INDEPENDENCE OH | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | V ROWLAND, ROBERT H. 3 SUMMIT PARK DRIVE INDEPENDENCE OH | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | D KOCH, CHARLES JOHN 1215 SUPERIOR AVE CLEVELAND OH 44114 | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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 for on an attachment with an address, with all other like information.

SIGNATURE: *Michael R. Babbitt* **Michael R. Babbitt** Sr. Vice President
 Date: 4/14/99 Daytime Phone #: (216) 328-8700

CR2E034 (1/98)