Edgar Filing: BALKCOM JOHN E - Form 4

| BALKCOM Form 4 January 04, 2 FORM Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | 006 4 UNITED S s box er STATEM 5. Filed purs Section 17(a | ENT OF CH suant to Section of the Public | Vashington, 1 ANGES IN E SECURI n 16(a) of the | D.C. 205 BENEFI (TIES Securiti ing Com | 549 CIAI es Ex pany | L OWN schange Act of | OMMISSION NERSHIP OF e Act of 1934, 1935 or Sectior 0 | OMB Number: Expires: Estimated a burden hour response | • | | |
|---|--|--|---|--|--|----------------------------|--|---|--------------------------|--|--|
| 1. Name and Address of Reporting Person <u>*</u> BALKCOM JOHN E | | | suer Name and ' ol s Internationa | | | - | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) 25825 SCIEJ DRIVE, SUI | NCE PARK | liddle) 3. Da (Mon | e of Earliest Tra h/Day/Year) 3/2006 | | AKS | l | (Check all applicable) <u>X</u> Director Officer (give title <u>10%</u> Owner Dother (specify below) | | | | |
| BEACHWO | . If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | | Zip) r | able I - Non-De | rivative S | Securi | ties Acau | Person uired, Disposed of, | or Beneficial | lv Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | e 2A. Deemed Execution Dat any | 3. | 4. Securi on(A) or D (Instr. 3, | ties Adispose 4 and (A) or | cquired d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect | | |
| Common Stock, par value \$0.10 per share | 01/03/2006 | | A | 78 <u>(1)</u> | | \$ 32.02 | 3,818 | D | | | |
| Common Stock, par value \$0.10 per share | | | | | | | 2,600 | I | By Spouse | | |
| Commonn Stock, par value \$0.10 per share | | | | | | | 1,500 | I | KEOGH Account | | |

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transact Code (Instr. 8) | 5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | ate | 7. Title Amoun Underly Securiti (Instr. 3 | it of ying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|--|---------------------|--------------------|---|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title I | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | |
|--|-----------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| BALKCOM JOHN E 25825 SCIENCE PARK DRIVE SUITE 400 BEACHWOOD, OH 44122 | Х | | | |
| Signatures | | | | |
| Christopher R. Clegg (POA) | 01/04/200 | 06 | | |

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Award of unrestricted stock as a portion of Director's fee payment in a transaction exempt under Rule 16b-3.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

**Signature of Reporting

Person