

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90038 016 ***150.00

DOCUMENT # 855052

1. Entity Name

KOOL SEAL INC.

Principal Place of Business

Mailing Address

**1499 ENTERPRISE PKWY
 TWINSBURG OH 44087**

**1499 ENTERPRISE PKWY
 TWINSBURG OH 44087-2241**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1032600

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

705585



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, CHRISTOPHER	
STREET ADDRESS	1499 ENTERPRISE PKWY	
CITY-ST-ZIP	TWINSBURG OH	
TITLE	C	<input type="checkbox"/> Delete
NAME	SULLIVAN, PATRICIA S	
STREET ADDRESS	1499 ENTERPRISE PKWY	
CITY-ST-ZIP	TWINSBURG OH	
TITLE	PT	<input type="checkbox"/> Delete
NAME	HUDAK, S.R.	
STREET ADDRESS	1499 ENTERPRISE PKWY	
CITY-ST-ZIP	TWINSBURG OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURTON, BRIAN	
STREET ADDRESS	1499 ENTERPRISE PARKWAY	
CITY-ST-ZIP	TWINSBURG OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN	
STREET ADDRESS	1499 ENTERPRISE PKWY	
CITY-ST-ZIP	TWINSBURG OH	
TITLE	S	<input type="checkbox"/> Delete
NAME	JAROS, STANLEY T.	
STREET ADDRESS	30195 CHAGRIN BLVD	
CITY-ST-ZIP	PEPPER RIDGE OH	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, WILLIAM	
STREET ADDRESS	1499 ENTERPRISE PKWY	
CITY-ST-ZIP	TWINSBURG, OH 44087	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-00

(330) 425-4717

CR2E034 (9/99)