

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90049 036 ***150.00

DOCUMENT # 855052
 1. Entity Name
KOOL SEAL INC.

Principal Place of Business Mailing Address
1499 ENTERPRISE PKWY **1499 ENTERPRISE PKWY**
TWINSBURG OH 44087 **TWINSBURG OH 44087**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 _____ (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, 2001 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

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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Stephen A. Jaros* Date: **1-18-01** Daytime Phone #: **(330) 425-4717**

CR2E034 (10/00)