

2001 UNIFORM BUSINESS REPORT (UBR)

05-16-2001 90095 020 ***150.00

FILED

01 MAY 16 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10068232

DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000005855				1. Entity Name	
MAGNIVISION, INC					
Principal Place of Business		Mailing Address			
ONE AMERICAN ROAD CLEVELAND, OH 44144		ONE AMERICAN ROAD CLEVELAND, OH 44144			
2. Principal Place of Business		3. Mailing Address			
SAME AS ABOVE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
				65-0419470	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>	
USA				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION INFORMATION SERVICES, INC.			Name		
1201 HAYS STREET			Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE, FL 32301			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. <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RONALD PEER	NAME	MORRY WEISS		
STREET ADDRESS	ONE AMERICAN ROAD	STREET ADDRESS	ONE AMERICAN ROAD		
CITY - ST - ZIP	CLEVELAND, OH 44144	CITY - ST - ZIP	CLEVELAND, OH 44114		
TITLE	VICE PRESIDENT <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOSEPH B. CIPOLLONE	NAME	ERWIN WEISS		
STREET ADDRESS	ONE AMERICAN ROAD	STREET ADDRESS	ONE AMERICAN ROAD		
CITY - ST - ZIP	CLEVELAND, OH 44144	CITY - ST - ZIP	CLEVELAND, OH 44144		
TITLE	TREASURER <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DALE A. CABLE	NAME	WILLIAM S. MEYER		
STREET ADDRESS	ONE AMERICAN ROAD	STREET ADDRESS	ONE AMERICAN ROAD		
CITY - ST - ZIP	CLEVELAND, OH 44144	CITY - ST - ZIP	CLEVELAND, OH 44144		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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: <i>Joseph B. Cipollone</i>		JOSEPH B. CIPOLLONE		4/24/01 216-252-7300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (1/7/00)