

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90037 022 ***158.75

001-2003 A1

DOCUMENT # F95000000636

1. Entity Name

Q-PANEL LAB PRODUCTS CORPORATION

Principal Place of Business

**26200 FIRST STREET
 WESTLAKE OH 44145**

Mailing Address

**26200 FIRST STREET
 WESTLAKE OH 44145**

2. Principal Place of Business

800 CANTERBURY RD

3. Mailing Address

800 CANTERBURY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTLAKE OHIO

City & State

WESTLAKE, OHIO

Zip

44145

Country

Zip

44145

Country

4. FEI Number

34-0947925

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CREWDSON, MICHAEL J
 1005 SW 18TH AVE
 HOMESTEAD FL 33034**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GROSSMAN, DOUGLAS M 4355 VALLEY FORGE DR. FAIRVIEW PARK OH 44126 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRENNAN, PATRICK J 3438 SOUTHERN RD RICHFIELD OH 44286 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMECEK, GARY 26200 FIRST ST. WESTLAKE OH ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

DOUGLAS M. GROSSMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS M. GROSSMAN 440-835-8700
 Date Daytime Phone #

CR2E034 (9/01)