

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90096 023 ***158.75

DOCUMENT # F95000000636

1. Entity Name

Q-PANEL LAB PRODUCTS CORPORATION



Principal Place of Business

**800 CANTERBURY RD
WESTLAKE OH 44145**

Mailing Address

**800 CANTERBURY RD
WESTLAKE OH 44145**

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

34-0947925

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

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**



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BRENNAN, PATRICK J
3438 SOUTHERN RD
RICHFIELD OH 44286**



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SIMECEK, GARY
26200 FIRST ST.
WESTLAKE OH**



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**401 AVON POINT AVE
AVON LAKE, OH 44012**



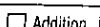
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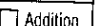
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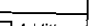
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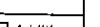
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED DOUGLAS M. GROSSMAN

Date

Daytime Phone #

**440-835
8700**