## 2005 FOR PROFIT CORPORATION

## Jan 18, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # F95000001152 1. Entity Name CONTRACT TRANSPORTATION SYSTEMS CO. Mailing Address Principal Place of Business 101 PROSPECT AVE. NW 101 PROSPECT AVE. NW CLEVELAND, OH 44115 CLEVELAND, OH 44115 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1322942 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE 01/19/05-80051-012 150.00 CONNOR, C.M. MAME 101 PROSPECT AVE., NW STREET ADDRESS CITY-ST-ZIP CLEVELAND, OH 44115 VPT TITLE HENNESSY, SEAN P NAME STREET ADDRESS 101 PROSPECT AVE., NW CITY-ST-ZIP CLEVELAND, OH 44115 TITLE SGAMBELLONE, JAMES J NAME STREET ADDRESS 101 PROSPECT AVE., NW DO NOT WRITE CITY-ST-ZIP CLEVELAND, OH 44115 IN THIS SPACE TITLE NAME STELLATO, L.E. STREET ADDRESS 101 PROSPECT AVE., NW CITY-ST-ZIP CLEVELAND, OH 44115 TITLE SEITZ, T.W. 101 PROSPECT AVE., NW STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 like empowered.

CLEVELAND, OH 44115

**SIGNATURE** 

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

IGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

FILED