

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002079

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: SUPPLYONE CLEVELAND, INC.

**Current Principal Place of Business:**

26401 RICHMOND ROAD  
BEDFORD HTS., OH 44146

**New Principal Place of Business:**

**Current Mailing Address:**

26401 RICHMOND ROAD  
BEDFORD HTS., OH 44146

**New Mailing Address:**

FEI Number: 34-0966857      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRYANT, JACK  
Address: 5504 LAKESHPRE AVENUE  
City-St-Zip: WESTERVILLE, OH 43082

Title: VP (X) Delete  
Name: BROWN, KENNETH G  
Address: 8278 LUCERNE DR.  
City-St-Zip: CHAGRIN FALLS, OH 44022

Title: CFO ( ) Delete  
Name: MULLEN, JOHN  
Address: 425 CHADWICK DRIVE  
City-St-Zip: AURORA, OH 44202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BRYANT, JACK  
Address: 7564 PLUMB ROAD  
City-St-Zip: GALENA, OH 43021

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MULLEN

CFO

01/18/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date