


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90306 042 ***150.00

DOCUMENT # F99000000716

1. Entity Name
GLOBAL STONE TENN LUTTRELL COMPANY



Principal Place of Business
**486 CLINCH VALLEY RD.
LUTTRELL TN 37779-9414**

Mailing Address
**P O BOX 6508
CLEVELAND OH 44101-1508**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **23-2054534**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Delete LAUER, JOHN N 1100 SUPERIOR AVE. CLEVELAND OH 44114-2598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WALK, ROCHELLE F 1100 SUPERIOR AVE. CLEVELAND OH 44114-2598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LUNDIN, MICHAEL D 1100 SUPERIOR AVENUE CLEVELAND OH 44114-2598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete LUNDIN, MICHAEL D 10898 CRABAPPLE RD., STE. 101 ROSWELL GA 30075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BOLAND, JULIE A 1100 SUPERIOR AVE. CLEVELAND OH 44114-2598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete WALK, ROCHELLE F 1100 SUPERIOR AVE. CLEVELAND OH 44114-2598

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Julie A. Boland 1001 Lakeside Ave., 15th Floor Cleveland, OH 44114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rochelle F. Walk 1001 Lakeside Ave., 15th Floor Cleveland, OH 44114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael D. Lundin 1001 Lakeside Ave., 15th Floor Cleveland, OH 44114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael D. Lundin 1001 Lakeside Ave., 15th Floor Cleveland, OH 44114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Julie A. Boland 1001 Lakeside Ave., 15th Floor Cleveland, OH 44114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rochelle F. Walk 1001 Lakeside Ave., 15th Floor Cleveland, OH 44114

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: *Julie A. Boland* **Julie A. Boland** **3-12-03** **216-861-2843**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)