1/3: 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2000 8:00 am DOCUMENT # F99000002546 Secretary of State CBI BUSINESS SERVICES, INC. 01-31-2000 90099 032 \*\*\*150.00 Principal Place of Business Mailing Address 6480 ROCKSIDE WOODS BLVD., SUITE 330 6480 ROCKSIDE WOODS BLVD., SUITE 330 CLEVELAND OH 44131 **CLEVELAND OH 44131-2222** 2. Principal Place of Business 3. Mailing Address 20 N. ORANGE AVENUE SAME AS ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE. 4041 City & State City & State 4. FEI Number Applied For 34-1885306 ORLANDO. Not it in it. \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 32801 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Frank (f. 145) Signature, typed or pointed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete MILE ☐ Change 【☐ Addition REEVES, KEITH W NAME NAME RICHARD A. PERRY 6480 ROCKSIDE WOODS BLVD., SUITE 330 STREET ADDRESS STREET ADDRESS 20 N. ORANGE AVENUE, STE 404 CITY-ST-ZIP **CLEVELAND OH 44131** CITY-ST-ZIP ORLANDO, FL 32801 ☐ Delete TITLE TITLE ☐ Change Addition SKODA, GREGORY J NAME NAME 6480 ROCKSIDE WOODS BLVD., SUITE 330 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEVELAND OH 44131** CITY-ST-ZIP TITLE - \* == \_\_ Change . . Addition r ->- - - ⊡-Oelete TITLE -HAMM, CHARLES D NAME NAME STREET ADDRESS 6480 ROCKSIDE WOODS BLVD., SUITE 330 STREET ADDRESS CLEVELAND OH 44131 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE X Delete THE Addition BRADFORD, JOCELYN A NAME 6480 ROCKSIDE WOODS BLVD., SUITE 330 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEVELAND OH 44131 CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition RUTIGLIANO, BARBARA A NAME NAME 6480 ROCKSIDE WOODS BLVD., SUITE 330 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEVELAND OH 44131** CITY-ST-ZIP

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.

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

GRISKO, JEROME P JR.

CLEVELAND OH 44131

6480 ROCKSIDE WOODS BLVD., SUITE 330

TID F

NAME

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNATURE AND TYPED OR PRINTED HAME OF SIGNATURE OR DIRECTOR

Delete

1/20/00

707-648-4600 Daytme Phone #

Change

☐ Addition