

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M00000002604

FILED
Mar 10, 2003
Secretary of State

Entity Name: ZAREMBA GROUP, LLC

Current Principal Place of Business:

14600 DETROIT AVE., SUITE 1500
LAKEWOOD, OH 44107

New Principal Place of Business:

Current Mailing Address:

14600 DETROIT AVE., SUITE 1500
LAKEWOOD, OH 44107

New Mailing Address:

FEI Number: 31-1530757

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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ZAREMBA GROUP INCORP, ORATED
Address: 14600 DETROIT AVE.
City-St-Zip: LAKEWOOD, OH 44107

Title: MGR () Delete
Name: THE HILLIARD FUND LI, MITED PARTNERS H IP
Address: 14600 DETROIT AVE.
City-St-Zip: LAKEWOOD, OH 44107

Title: MGR () Delete
Name: WNT COMPANY,
Address: 14600 DETROIT AVE.
City-St-Zip: LAKEWOOD, OH 44107

ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BARBARA VONBENKEN

AVP

03/10/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date