LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State

DOCUMENT # M02000000278 1. Entity Name				-	05-02-2003 90576 022 ****50.00			
ILS TEC	CHNOLOGY, LLC							
DO NOT WRITE IN THIS SPACE					1			
2. Principal Place of Business 3. Mailing Address								
23000 EUCLID AVENUE 23000 EUCLID Suite, Apt. #, etc. Suite, Apt. #, etc.			D AVI	ENUE				
Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat					4. FEi Number		Applied For	
EUCLID		EUCLID, OH			34-1973058		Not Applicable	
Zip 44117	Country USA	Zip 44117	Countr	У	5. Certificate of Status Desired	55.00 Fee Re	Additional	
	DO NOT WRITE IN TH		JUDA		7. Name and Address of Current Regi			
Name								
∤					CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable)			
				1201 HA	HAYS STREET			
	•				•			
				City		Zip C	ode	
				TALLAHA	TÁLLAHASSEE FL 32301-25			
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								
Signature, typed or printed name of registered agent and title if applicable						DAT	E	
FEE IS \$50.00								
Make Check Payable to Florida Department of State DUE BY MAY 1								
9.								
NAME	MGR CRAWFORD, EDWARD F							
STREET ADDRESS	· · · · · · · · · · · · · · ·			ET ADDRESS				
CITY - ST - ZIP	EUCLID, OH 44117			- ST - ZIP				
TITLE	MGR			E				
NAME				E				
STREET ADDRESS	SS 23000 EUCLID AVENUE			ET ADORESS			ſ	
CITY - ST - ZIP	2002127, 01. 11117			- ST • ZIP				
TITLÉ				<u>.</u> .				
NAME STORES APODESS				E ET ADORESS				
STREET ADDRESS				- ST - ZIP	DO NOT WRITE IN T	HIS SPA	CE	
				-31-21				
NAME				- E				
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP				- ST - ZIP				
TITLE	MGR							
NAME	POEPPELMAN, ROBERT L			. .	6 C S			
1	ADDRESS 23000 EUCLID AVENUE			ET ADDRESS				
CITY - ST - ZIP				- ST - ZIP				
TITLE	MGR DICHARD	المناح المحاجد المتعيرونجعان	ППД	The second of	Stration and the Strategy of the Strategy of	4		
NAME	MASON, RICHARD		NAMI	E ET ADDRESS			1	
CITY ST ZIP EUCLID, OH 44117				- ST - ZIP			· :	
		h this filing does not gue			in Section 119 07(3)(i) Florida Statutes	I further cer	tify that the	
11. 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 is true and accurate and that my 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.								

ROBERT L. POEPPELMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/03

216-692-7076

Daytime Phone #

STF FL32519F.1