FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90293 013 ***900.00

DOCUMENT # M52588 1. Corporation Name W P, INC.

Principal Place of Business Mailing Address 730 TERMINAL TOWER 730 TERMINAL TOWER 50 PUBLIC SO 50 PUBLIC SQ CLEVELAND OH 44113 DO NOT WRITE IN THIS SPACE **CLEVELAND OH 44113** 3. Date Incorporated or Qualifed 05/22/1987 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 34-1599626 26 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes the current year Intangible X No Personal Property Tax. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GUREN, SHELDON B. Street Address (P.O. Box Number is Not Acceptable) 82 701 BRICKELL AVE., #1850 **MIAMI FL 33131** 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Secretary/Treasurer □ DELETE 1.1 TITLE TITLE Thomas G. Smith MONCHEIN, ROBERT F. 12 NAME NAME 1100 Terminal Tower, 50 Public Square 1100 TERMINAL TOWER, 50 PUBLIC SQ 1.3 STREET ADDRESS STREET ADDRESS Cleveland, Ohio 44113 **CLEVELAND OH 44113** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE MILLER, SAMUEL H. 2.2 NAME NAME 1100 TERMINAL TOWER, 50 PUBLIC SQ STREET ADDRESS 2.3 STREET ADDRESS **CLEVELAND OH 44113** CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 51 TITLE

14. 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 annual report or supplemental annual 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 13 if changed, or on application with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.2 NAM€

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

□ DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

216-621-6060 Daytime Phone #

☐ Change

Addition

CR2E034 (11/98)