

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 MAY 11 PM 3:49



DOCUMENT # M52588

1. Entity Name
W P, INC.

Principal Place of Business
1160 TERMINAL TOWER
50 PUBLIC SQUARE
CLEVELAND, OH 44113 US

Mailing Address
1160 TERMINAL TOWER
50 PUBLIC SQUARE
CLEVELAND, OH 44113 US



05042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1599626 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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.

(NOTE: Registered Agent signature required when reinstating)

200037064782
05/25/04 01007 002 **150.00

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	P MONCHEIN, ROBERT F. 1160 TERMINAL TOWER, 50 PUBLIC SQ. CLEVELAND, OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, SAMUEL H. 1160 TERMINAL TOWER, 50 PUBLIC SQ. CLEVELAND, OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, THOMAS G 1160 TERMINAL TOWER, 50 PUBLIC SQ. CLEVELAND, OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUREN, SHELDON 1160 TERMINAL TOWER, 50 PUBLIC SQ. CLEVELAND, OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/04
Date

216-621-6060
Daytime Phone #

Thomas G. Smith, Secretary and Treasurer