

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90034 050 \*\*\*150.00

DOCUMENT # **V67560**

1. Entity Name

**P.N. MANAGEMENT COMPANY**

Principal Place of Business

Mailing Address

**7301 A West Palmetto Pk.  
 Boca Raton FL 33431  
 US**

**4500 Rockside Rd #440  
 Independence, OH  
 44131-2180**

**00056201**

2. Principal Place of Business

**7100 W. Camino Real  
 Suite, Apt. #, etc.  
 Suite 300**

3. Mailing Address

**1422 Euclid Ave c/o The Lipson Group  
 Suite, Apt. #, etc.  
 1500 Hanna Bldg.**

DO NOT WRITE IN THIS SPACE

City & State

**BOCA RATON, FL**

City & State

**Cleveland, OH**

4. FEI Number

**65-0357316**

Applied For

Not Applicable

Zip

Country

**33433**

**US**

Zip

Country

**44115**

**US**

5. Certificate of Status Declared

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**C/O I.F.D.  
 777 YAMATO ROAD  
 SUITE 135  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when renating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!! FEE IS \$190.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ELRAD, MARTIN H	1320 HANNA BUILDING	CLEVELAND, OH 44115	<input type="checkbox"/>
S	HERCHEK, JAMES R.	1320 HANNA BLDG, C/O LIPSON JAC	CLEVELAND, OH 44115	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	ELRAD, MARTIN H.	1422 EUCLID AVE. 1500 HANNA BLDG.	CLEVELAND, OH 44115	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	HERCHEK, JAMES R.	1422 EUCLID AVE. 1500 HANNA BLDG.	CLEVELAND, OH 44115	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2ED3A (1/1/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

*James R. Herchek*  
**James R. Herchek**  
 Secretary  
 4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Capitals Please