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Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P36467 (9)  
1. Corporation Name  
SELMAN & COMPANY



Principal Place of Business: 24400 CHAGRIN BOULEVARD BEACHWOOD OH 44122  
Mailing Address: 24400 CHAGRIN BOULEVARD BEACHWOOD OH 44122-5632

3. Date Incorporated or Qualified: 11/25/1991  
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business: 21 6110 Parkland Blvd  
2a. Mailing Address: 26 6110 Parkland Blvd  
4. FEI Number: 31-0984218  
Applied For: Not Applicable

22. City & State: Mayfield Hts, OH  
27. City & State: Cleveland, OH  
5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Zip: 44124-4187  
28. Zip: 44124-4187  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Country: Cuyahoga  
29. Country: Cuyahoga  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND RD., PLANTATION FL 33324  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PCD	<input type="checkbox"/> DELETE	1.1 TITLE: Selman, John L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SELMAN, JOHN L.		1.2 NAME: Selman, John L.	
STREET ADDRESS: 24400 CHAGRIN BLVD.		1.3 STREET ADDRESS: 6110 Parkland Blvd	
CITY-ST-ZIP: BEACHWOOD OH		1.4 CITY-ST-ZIP: Cleveland, OH 44124	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE: Selman, Jill W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SELMAN, JILL W.		2.2 NAME: Selman, Jill W.	
STREET ADDRESS: 24400 CHAGRIN BLVD.		2.3 STREET ADDRESS: 6110 Parkland Blvd	
CITY-ST-ZIP: BEACHWOOD OH		2.4 CITY-ST-ZIP: Cleveland, OH 44124	
TITLE: S	<input type="checkbox"/> DELETE	3.1 TITLE: Cosentino, Leonard M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COSENTINO, LEONARD M.		3.2 NAME: Cosentino, Leonard M.	
STREET ADDRESS: 24400 CHAGRIN BLVD		3.3 STREET ADDRESS: 6110 Parkland Blvd	
CITY-ST-ZIP: BEACHWOOD OH		3.4 CITY-ST-ZIP: Cleveland, OH 44124	
TITLE: T	<input type="checkbox"/> DELETE	4.1 TITLE: Wesolowski, Gloria	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WESOLOWSKI, GLORIA		4.2 NAME: Wesolowski, Gloria	
STREET ADDRESS: 24400 CHAGRIN BLVD.		4.3 STREET ADDRESS: 6110 Parkland Blvd	
CITY-ST-ZIP: BEACHWOOD OH		4.4 CITY-ST-ZIP: Cleveland, OH 44124	
TITLE: V	<input type="checkbox"/> DELETE	5.1 TITLE: Cyr, Richard W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CYR, RICHARD W.		5.2 NAME: Cyr, Richard W.	
STREET ADDRESS: 24400 CHAGRIN BOULEVARD, SUITE 300		5.3 STREET ADDRESS: 6110 Parkland Blvd	
CITY-ST-ZIP: BEACHWOOD OH 44122		5.4 CITY-ST-ZIP: Cleveland, OH 44124	
TITLE: V	<input type="checkbox"/> DELETE	6.1 TITLE: Selman, David L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SELMAN, DAVID L.		6.2 NAME: Selman, David L.	
STREET ADDRESS: 24400 CHAGRIN BLVD		6.3 STREET ADDRESS: 6110 Parkland Blvd	
CITY-ST-ZIP: BEACHWOOD OH		6.4 CITY-ST-ZIP: Cleveland, OH 44124	

14. I do 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Leonard M. Cosentino* Leonard M. Cosentino 3/28/97 216-646-9336

CR2E034 (9/96)