

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91021 006 ***150.00

DOCUMENT # F03000003431

1. Entity Name
MIS ABSTRACT AGENCY OF PENNSYLVANIA, INC.



Principal Place of Business
**1900 FROST ROAD, SUITE 110
BRISTOL, PA 19007**

Mailing Address
**1900 FROST ROAD, SUITE 110
BRISTOL, PA 19007**



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2629203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CCEO
NAME	STEIN-SAPIR, LEONARD R
STREET ADDRESS	4877 GALAXY PARKWAY, SUITE I
CITY-ST-ZIP	CLEVELAND, OH 44128

TITLE	DVT
NAME	HIGNETT, KENNETH L
STREET ADDRESS	4877 GALAXY PARKWAY, SUITE I
CITY-ST-ZIP	CLEVELAND, OH 44128

TITLE	DS
NAME	KAUFMAN, STEVEN S
STREET ADDRESS	3900 KEY CENTER, 127 PUBLIC SQUARE
CITY-ST-ZIP	CLEVELAND, OH 44114

TITLE	D
NAME	TORMOLLEN, RANDI
STREET ADDRESS	1900 FROST ROAD, SUITE 110
CITY-ST-ZIP	BRISTOL, PA 19007

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

Date

Daytime Phone #