2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005467

1. Entity Name
MCDONALD HOPKINS CO., LPA

Principal Place of Business	Mailing Address
600 SUPERIOR AVENUE, SUITE 2100 CLEVELAND, OH 44114	600 SUPERIOR AVENUE, SUITE 2100 CLEVELAND, OH 44114

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
34-1059058
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

METZGER, JOHN T
ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVENUE SOUTH, SUITE 700
WEST PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000411990
02/10/06-80029-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOPRESTI, JOSEPH J JR
STREET ADDRESS	600 SUPERIOR AVENUE, SUITE 2100
CITY-ST-ZIP	CLEVELAND, OH 44114
TITLE	VD
NAME	O'NEILL, WILLIAM J
STREET ADDRESS	600 SUPERIOR AVENUE, SUITE 2100
CITY-ST-ZIP	CLEVELAND, OH 44114
TITLE	AVD
NAME	COOPER, RICHARD S
STREET ADDRESS	600 SUPERIOR AVENUE, SUITE 2100
CITY-ST-ZIP	CLEVELAND, OH 44114
TITLE	AVD
NAME	ZELLMER, CHARLES B
STREET ADDRESS	600 SUPERIOR AVENUE, SUITE 2100
CITY-ST-ZIP	CLEVELAND, OH 44114
TITLE	SD
NAME	RILEY, SHAWN M
STREET ADDRESS	600 SUPERIOR AVENUE, SUITE 2100
CITY-ST-ZIP	CLEVELAND, OH 44114
TITLE	TD
NAME	GRASSI, CARL J
STREET ADDRESS	600 SUPERIOR AVENUE, SUITE 2100
CITY-ST-ZIP	CLEVELAND, OH 44114

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-27-2006 216-348-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #