

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36467

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: SELMAN & COMPANY

**Current Principal Place of Business:**

6110 PARKLAND BLVD  
MAYFIELD HTS, OH 441244187 US

**New Principal Place of Business:**

6110 PARKLAND BLVD  
CLEVELAND, OH 441244187 US

**Current Mailing Address:**

6110 PARKLAND BLVD  
CLEVELAND, OH 441244187 US

**New Mailing Address:**

FEI Number: 31-0984218      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., STE. 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: SELMAN, JOHN L  
Address: 6110 PARKLAND BLVD  
City-St-Zip: CLEVELAND, OH 44124 US

Title: CFO ( ) Delete  
Name: BAUM, JAMES P  
Address: 6110 PARKLAND BLVD  
City-St-Zip: CLEVELAND, OH 44124 US

Title: S ( ) Delete  
Name: WESOLOWSKI, GLORIA J  
Address: 6110 PARKLAND BLVD  
City-St-Zip: CLEVELAND, OH 44124 US

Title: CAO ( ) Delete  
Name: WESOLOWSKI, GLORIA J  
Address: 6110 PARKLAND BLVD  
City-St-Zip: CLEVELAND, OH 44124 US

Title: VP ( ) Delete  
Name: KRAUSHER, CHERYL M  
Address: 6110 PARKLAND BLVD  
City-St-Zip: CLEVELAND, OH 44124 US

Title: P ( ) Delete  
Name: SELMAN, DAVID L.  
Address: 6110 PARKLAND BLVD  
City-St-Zip: CLEVELAND, OH 44124 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L SELMAN

P

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date