2003 FOR PROFIT CORPORATION

UN	IIFOR	M BUSINE	SS REPOR	T (1	JBR)			
DOCUMENT # F0000000781 1. Entity Name						FILED FILED		
CEDARWOOD DEVELOPMENT, INC.						03 JAN 24 AH H: 30		
Principal Place of Business 1765 MERRIMAN ROAD AKRON OH 44313			Mailing Address 1765 MERRIMAN ROAD AKRON OH 44313			SECULTARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business			3. Mailing Address				111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHA	NGES	
City & State			City & State			4. FEI Number 34-1664744	Applied For Not Applicable	
Zip	Zip Country		Zip Count		try		75 Additional Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agen	t	
					Name			
	ation Serv /S S <mark>TREE</mark> T	/ICE COMPANY	Street Address		Street Address	(P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301						1 1 2 1 2 1 2 1 2 1		
			City		City	FL ^z	Zip Code	
	named entity		r the purpose of changing its	registere	ed office or registe	ered agent, or both, in the State of Florida. I am familia	ar with, and accept	
SIGNATURE .	-	and agont.						
	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registered	d Agent signature require	ed when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of								
10.	PD	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETRARCA	A, ANTHONY A RIMAN ROAD 1 44313	☐ Delete	-		200010705392 01/24/0301107001 ***1	Change	
TITLE	V		☐ Delete	TITLE			Change	
NAME STREET ADDRESS CITY-ST-ZIP	VLOSKY, E 1765 MERI AKRON OI	riman road			ET ADDRESS ST-ZIP			
TITLE	٧		☐ Delete	TITLE			Change	
NAME STREET ADDRESS		.er, alan w Riman road		NAME STREE	T ADDRESS			
CITY-ST-ZIP	AKRON O	1 44313			ST-ZIP			
TITLE NAME	SD Duff, and	DREW R	☐ Delete	TITLE NAME			Change	
STREET ADDRESS CITY-ST-ZIP	450 001511 14411 00000000000000000000000			STREE	T ADDRESS ST-ZIP			
TITLE	DELECT :	MOUAEL 147	☐ Delete	TITLE	1		Change	
NAME STREET ADDRESS CITY-ST-ZIP		IICHAEL W RIMAN ROAD 1 44313		•	T ADDRESS ST-ZIP			
TITLE	D		☐ Delete	TITLE		ПС	hange	
NAME STREET ADDRESS		, Lenora J Riman Road	3000	NAME			у. <u></u> . малаот	

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 of true fee 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 all other like impowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AKRON OH 44313

Sponseller

1/15/03 (330) 836-9971