

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 176774

Entity Name: WEEKES & CALLAWAY, INC.**Current Principal Place of Business:**3945 W ATLANTIC AVE.
DELRAY BEACH, FL 33445**Current Mailing Address:**6050 OAK TREE BLVD., SUITE 500
CLEVELAND, OH 44131 US**FEI Number:** 59-0714699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:** DIANE STOUT

04/06/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name WEEKES, LEE
Address 3945 WEST ATLANTIC AVE.
City-State-Zip: DELRAY BCH FL 33445

Title SEC
Name GLEESPEN, MICHAEL W
Address 6050 OAK TREE BLVD., SUITE 500
City-State-Zip: CLEVELAND OH 44131

Title DIRECTOR
Name MORELLI, MATTHEW J
Address 6050 OAK TREE BLVD., SUITE 500
City-State-Zip: CLEVELAND OH 44131

Title VP
Name KOWALSKI, BRUCE J.
Address 6050 OAK TREE BLVD., SUITE 500
City-State-Zip: CLEVELAND OH 44131

Title VP
Name MELLARD, NANCY M
Address 700 W. 47TH STREET, SUITE 1100
City-State-Zip: KANSAS CITY MO 64112

Title TREASURER
Name SOBE, CYNTHIA L
Address 6050 OAK TREE BLVD., SUITE 500
City-State-Zip: CLEVELAND OH 44131

Title ASST. SECRETARY
Name GEFFERT, JOHN J
Address 6050 OAK TREE BLVD., SUITE 500
City-State-Zip: CLEVELAND OH 44131

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL W GLEESPEN**SECRETARY**

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date