

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004404

**FILED**  
**Mar 22, 2013**  
**Secretary of State**  
**CC5344521772**

**Entity Name:** AMERICAN EAGLE OF OHIO, LLC

**Current Principal Place of Business:**

6145 PARK SQUARE DRIVE, SUITE 3  
LORAIN, OH 44053

**Current Mailing Address:**

6145 PARK SQUARE DRIVE, SUITE 3  
LORAIN, OH 44053

**FEI Number:** 34-1940292

**Certificate of Status Desired:** No

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

CORPORATE SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name SCHRENKEL, JOHN J  
Address 6145 PARK SQUARE DRIVE, SUITE 3  
City-State-Zip: LORAIN OH 33053

Title MGR  
Name BERRY, DAVID A  
Address 6145 PARK SQUARE DRIVE, SUITE 3  
City-State-Zip: LORAIN OH 33053

Title MGR  
Name ANDERSON, BRENDAN D  
Address 2932 DRUMMOND ROAD  
City-State-Zip: SHAKER HEIGHTS OH 44120

Title MGR  
Name KADLIC, JEFFREY D  
Address 2799 COURTLAND DRIVE  
City-State-Zip: SHAKER HEIGHTS OH 44122

Title MGR  
Name GIEROSKY, PAUL L  
Address 13052 COACHMAN DRIVE  
City-State-Zip: CHARDON OH 44024

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID A. BERRY

**EXEC VP/CFO**

**03/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date