

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000000781

**Entity Name:** CEDARWOOD DEVELOPMENT, INC.**Current Principal Place of Business:**1765 MERRIMAN ROAD  
AKRON, OH 44313**Current Mailing Address:**1765 MERRIMAN ROAD  
AKRON, OH 44313**FEI Number: 34-1664744****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.  
115 N CALHOUN ST STE 4  
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**Officer/Director Detail :**

Title PD  
Name PETRARCA, ANTHONY A  
Address 1765 MERRIMAN ROAD  
City-State-Zip: AKRON OH 44313

Title VPAS  
Name SPONSELLER, ALAN W  
Address 1765 MERRIMAN ROAD  
City-State-Zip: AKRON OH 44313

Title VPT  
Name INTORCIO, RICHARD A  
Address 1765 MERRIMAN ROAD  
City-State-Zip: AKRON OH 44313

Title VP  
Name RIDNER, TIMOTHY J  
Address 1765 MERRIMAN ROAD  
City-State-Zip: AKRON OH 44313

Title EVP  
Name PETRARCA, ANTHONY N  
Address 1765 MERRIMAN ROAD  
City-State-Zip: AKRON OH 44313

Title VICE PRESIDENT AND SECRETARY  
Name DUFF, ANDREW R  
Address 1765 MERRIMAN ROAD  
City-State-Zip: AKRON OH 44313

Title VP  
Name FUTIA, JUNE C  
Address 1765 MERRIMAN ROAD  
City-State-Zip: AKRON OH 44313

Title DIRECTOR  
Name PETRARCA, LENORA J  
Address 1765 MERRIMAN ROAD  
City-State-Zip: AKRON OH 44313

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*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: ALAN W. SPONSELLER****VICE PRESIDENT****04/09/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name HAAG, RUTH A  
Address 1765 MERRIMAN ROAD  
City-State-Zip: AKRON OH 44313

Title VP  
Name HESTER, LAURA J  
Address 1765 MERRIMAN ROAD  
City-State-Zip: AKRON OH 44313

Title VP  
Name ELIAS, ROBERT M  
Address 1765 MERRIMAN ROAD  
City-State-Zip: AKRON OH 44313