

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004628

Entity Name: CEDARWOOD ARCHITECTURAL, INC.**Current Principal Place of Business:**1765 MERRIMAN RD.
AKRON, OH 44313**Current Mailing Address:**1765 MERRIMAN RD.
AKRON, OH 44313**FEI Number:** 34-1611984**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title D
Name PETRARCA, ANTHONY N
Address 1765 MERRIMAN RD.
City-State-Zip: AKRON OH 44313

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

Title D
Name PETRARCA, ANTHONY A
Address 1765 MERRIMAN RD.
City-State-Zip: AKRON OH 44313

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

Title S
Name DUFF, ANDREW R
Address 159 S. MAIN STREET, STE. 1100
City-State-Zip: AKRON OH 44308

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

Title PRESIDENT
Name MARSHALL, ROBERT B.
Address 1765 MERRIMAN RD.
City-State-Zip: AKRON OH 44313

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

VP/AS

04/14/2014

Electronic Signature of Signing Officer/Director Detail_____
Date