2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 A Secretary of State

DOCUMENT # 75205 1. Entity Name THE SHAMROCK I CONDON		Secretary of S				
Principal Place of Business (THE) 30250 CARTER STREET SOLON, OH 44139	Mailing Address (THE) 30250 CARTER STREET SOLON, OH 44139					
DO NOT WI	ICE	01102008 No Chg-NP CR2E037 (4/06) 4. FEI Number Applied For Not Applied For Not Applied Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.		DO NOT WRITE IN THIS SPACE ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE Gigneture, typed or printed name of re	gistered agent and title if applicable. (NOTE: Regain	ered Agent agnitium require	d when nimitating)		DATE	
Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Fin Trust Fund Contribution		.00 May Be ded to Fees			
10. OFFICE IIILE PD NAME COLLINS, VINCE STREET ADDRESS CITY-ST-ZIP HIGHLAND BEACH, FL TITLE SD NAME RIPICH, LAWRENCE STREET ADDRESS CITY-ST-ZIP HIGHLAND BEACH, FL TITLE TD NAME PETRENCHIK, JOHN F	33487			U0000 01/16/08)0784276 3-80046-026 (61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or trustee empowered to exclude this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

30250 CARTER STREET

SOLON, OH

SIGNATURE AND TYPED OF MINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-08

DO NOT WRITE

IN THIS SPACE

440 349322