

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90271 031 ***150.00

DOCUMENT # 804182

1. Entity Name
AUSTIN COMPANY THE



Principal Place of Business
**6095 PARKLAND BLVD.
CLEVELAND OH 44124-4186
US**

Mailing Address
**6095 PARKLAND BLVD.
CLEVELAND OH 44124-4186
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-0077640**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	PLATH, PETER D	
STREET ADDRESS	8506 GILLETTE	
CITY-ST-ZIP	LENEXA KS 66215	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MELSOP, J. WILLIAM	
STREET ADDRESS	31650 TRILLIUM TRAIL	
CITY-ST-ZIP	PEPPER PIKE OH 44124	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLANAGAN, PATRICK	
STREET ADDRESS	9536 EAST WASHINGTON	
CITY-ST-ZIP	CHAGRIN FALLS OH 44023	
TITLE	V	<input type="checkbox"/> Delete
NAME	PIERCE, MICHAEL G	
STREET ADDRESS	504 LAURELBROOK DR.	
CITY-ST-ZIP	CHAGRIN FALLS OH 44022	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAYMOND, DENNIS M	
STREET ADDRESS	21 LOUISE DR.	
CITY-ST-ZIP	SOUTH RUSSELL OH 44022	
TITLE	STVD	<input type="checkbox"/> Delete
NAME	HOBARTSCHK, M. GLENN	
STREET ADDRESS	3211 KERSDALE RD	
CITY-ST-ZIP	PEPPER PIKE OH 44124	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 execute this report as required by Chapter 607, 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: *M. Glenn Hobratschk* **4-22-03** 440-544-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)