## 2003 FOR PROFIT CORPORATION

## May 14, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) 819670 DOCUMENT # 05-14-2003 90141 038 \*\*\*150.00 1. Entity Name MANTUA MFG, CO. Principal Place of Business Mailing Address 7900 NORTHFIELD RD 7900 NORTHFIELD RD WALTON HILLS OH 44146-5525 **WALTON HILLS OH 44146-5525** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 34-0768831 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEINTRAUB, HYMAN L. Street Address (P.O. Box Number is Not Acceptable) 2213 PASADENA PLACE ST PETERSBURG FL 33707. 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 (NOTE: Registered Agent signature requi FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change Delete WEINTRAUB, EDWARD Michael Boster NAME NAME 7900 NORTHFIELD RD STREET ADDRESS STREET ADDRESS 6911 ADAMORD WALTON HILLS OH CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33619 TITLE VD ☐ Delete TITLE ☐ Change Addition NAME WEINTRAUB, HYMAN L. NAME STREET ADDRESS STREET ADDRESS 2213 PASADENA PL CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL TITLE SD - -- -- -- -- -- -- --Delete TITLE □ Change ☐ Addition NAME LASKY, FRAN STREET ADDRESS 14540 RUSSELL LANE STREET ADDRESS CITY-ST-ZIP NOVELTY OH CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an applicast with all other likes the purpowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition