

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90526 037 \*\*\*150.00

04/21/03 AT

**DOCUMENT # 825411**

1. Entity Name  
**NEWARK CORPORATION**



Principal Place of Business  
**4500 EUCLID AVENUE  
PO BOX 9488  
CLEVELAND OH 44101  
US**

Mailing Address  
**4500 EUCLID AVE  
CLEVELAND OH 44103**

**11004013**



2. Principal Place of Business  
Suite **7061 E. PLEASANT VALLEY RD,  
INDEPENDENCE, OHIO 44131**

3. Mailing Address  
Suite **7061 E. PLEASANT VALLEY RD,  
INDEPENDENCE, OHIO 44131**

City & State  
**INDEPENDENCE, OHIO 44131**

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **35-1167154** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DV FISHER, ANDREW C FARNELL HOUSE, SANDBECK WAY WETHERBY WEST YO 65224</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COSTELLO, PETER D 4500 EUCLID AVENUE CLEVELAND OH 44103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DAPRILE, JOSEPH R 4500 EUCLID AVENUE CLEVELAND, OH 00000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BARLAK, PAUL M 4500 EUCLID AV CLEVELAND OH</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SIGNATURE REQUIRED *March 25 2003* 216-525-4276  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)