2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 826016

1. Entity Name
GEM LAND COMPANY

Principal Place of Business	Mailing Address
20600 CHAGRIN BLVD 430 SHAKER HEIGHTS, OH 44122	20600 CHAGRIN BLVD 430 SHAKER HEIGHTS, OH 44122

01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1084273

☐ Applied For
☐ Not Applicable

5. Certificate of 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

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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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WATSON, RICHARD T
STREET ADDRESS	2000 HUNTINGTON BLDG
CITY-ST-ZIP	CLEVELAND, OH
TITLE	D
NAME	BROWN, JR, WILLARD W
STREET ADDRESS	ROCKMEADOW FARM HERRICKS RD.
CITY-ST-ZIP	BROOKSVILLE, ME 04617
TITLE	D
NAME	DAVISON, ENDICOTT P JR
STREET ADDRESS	218 PLEASANT COVE ROAD
CITY-ST-ZIP	BOOTHBAY, ME 04537
TITLE	PD
NAME	COLIN, STEPHEN E
STREET ADDRESS	4894 SWEETWATER RD.
CITY-ST-ZIP	GYPSUM, CO 81637
TITLE	D
NAME	FOLSOM, KATHLEEN V.
STREET ADDRESS	14065 PINETREE BLVD
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	S
NAME	INGALLS, NINA S
STREET ADDRESS	140 BEDFORD STREET NE
CITY-ST-ZIP	MINNEAPOLIS, MN 55414

U00000600135
01/25/07-80055-024 150.00

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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 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] ASS'T SEC/TREAS GARY A. LOMBARDO 1/10/07 216-921-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #