

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 833393

1. Entity Name  
JO-ANN STORES, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90200 039 \*\*\*150.00

Principal Place of Business  
P.O. BOX 2550  
5555 DARROW ROAD  
HUDSON OH 44236-4011

Mailing Address  
P.O. BOX 2550  
5555 DARROW ROAD  
HUDSON OH 44236-4011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 34-0720629		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ROSALIND	NAME	
STREET ADDRESS	2556 TRAYMORE RD	STREET ADDRESS	
CITY-ST-ZIP	UNIVERSITY HTS OH	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	P, C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSKAMM, ALAN	NAME	
STREET ADDRESS	7185 SETTLERS RIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	GATES MILLS OH	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, BRIAN	NAME	
STREET ADDRESS	19708 KENGINGTON COURT	STREET ADDRESS	
CITY-ST-ZIP	STRONGSVILLE OH 44136	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMOFF, DONALD	NAME	
STREET ADDRESS	10283 VERSMILLES DR.	STREET ADDRESS	
CITY-ST-ZIP	STRONGSVILLE OH 44136	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	V, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Betty Rosskamm
STREET ADDRESS		STREET ADDRESS	5200 Three Village Dr. 25-k
CITY-ST-ZIP		CITY-ST-ZIP	Lyndhurst, OH 44124
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	James Kerr
STREET ADDRESS		STREET ADDRESS	14606 Shireen Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Strongsville, OH 44136

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald L. Tomoff Donald Tomoff 4/26/00 (330) 656-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)