

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90150 015 ***150.00

DOCUMENT # 833393

1. Entity Name
JO-ANN STORES, INC.



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

11012736



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-0720629**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **THOMPSON, ROSALIND**
STREET ADDRESS **2556 TRAYMORE RD**
CITY-ST-ZIP **UNIVERSITY HTS OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PC** ☐ Delete
NAME **ROSSKAMM, ALAN**
STREET ADDRESS **7185 SETTLERS RIDGE ROAD**
CITY-ST-ZIP **GATES MILLS OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **CARNEY, BRIAN**
STREET ADDRESS **6170 BURR OAK WAY**
CITY-ST-ZIP **HUDSON OH 44236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **TOMOFF, DONALD**
STREET ADDRESS **10283 VERSMILLES DR.**
CITY-ST-ZIP **STRONGSVILLE OH 44136**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **ROSSKAMM, BETTY**
STREET ADDRESS **5200 THREE VILLAGE DR., 2J-K**
CITY-ST-ZIP **LYNDHURST OH 44124**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **KERR, JAMES**
STREET ADDRESS **14606 SHIREEN DR**
CITY-ST-ZIP **STRONGSVILLE OH 44136**

TITLE ☐ Change ☐ 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: **Donald R. Tomoff**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald R. Tomoff

Date

(330) 656-2600
Daytime Phone #

CR2E034 (10/02)