

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90230 030 \*\*\*150.00

**DOCUMENT # 835275**

1. Entity Name  
**STERLING JEWELERS INC.**



Principal Place of Business

**375 GHENT RD  
AKRON, OH 44333**

Mailing Address

**375 GHENT RD  
AKRON, OH 44333**

**50020371**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**52-0964503**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	COBD
NAME	BURMAN, TERRY L
STREET ADDRESS	375 GHENT RD
CITY-ST-ZIP	AKRON, OH
TITLE	VPF
NAME	KLEIN, TERRENCE J
STREET ADDRESS	375 GHENT RD
CITY-ST-ZIP	AKRON, OH
TITLE	CFOT
NAME	TRABUCCO, ROBERT D
STREET ADDRESS	375 GHENT RD
CITY-ST-ZIP	AKRON, OH 44333
TITLE	SDVP
NAME	FRANKOVICH, GEORGE
STREET ADDRESS	375 GHENT RD
CITY-ST-ZIP	AKRON, OH
TITLE	D
NAME	BOYD, WALKER
STREET ADDRESS	ZENITH HOUSE
CITY-ST-ZIP	LONDON, NW
TITLE	PCOO
NAME	LIGHT, MARK S
STREET ADDRESS	375 GHENT RD
CITY-ST-ZIP	AKRON, OH 44333

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George S. Frankovich*

Date

*2/23/05*

Daytime Phone #

*330-668-5326*