Moiling Addrose

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 836419

1. Corporation Name

Oringinal Place of Business

POLYTECH OF OHIO, INC.

Fillicipal Flace	or business	Maning Madress						
1744 PAYNE AV CLEVELAND OF		1744 PAYNE AVE CLEVELAND OH 44114		DO NOT WRITE IN	THIS SBAC			
					DO NOT WRITE IN	nis spac		
					3. Date Incorporated or Qualifed 05/27/1976			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
<u> </u>	add of Boomoos	26			34-1045780	-	Not	Applicable
21 Suito Ant	# etc	Suite, Apt. #, etc.				\$8		dditional
Suite, Apt. #, etc.		27			5. Certifcate of Status Desired		ee Red	
22 City & State			City & State		6. Election Campaign Financing	\$	5.00	Mav Be
¬ ´		28	¬ '		Trust Fund Contribution	•	dded to	•
Zip			Country		8. This corporation owes the current year			
- '	25	29 30	¬ ´		Personal Property Tax.	_ Ye		□No
24	9. Name and Address of Curren	1==1	<u>′¹</u>		10. Name and Address of New Registe			
	9. Name and Address of Corren	t Registered Agent	81	Name				
CT (CORPORATION SYSTEM		<u> </u>					
	S. PINE ISLAND ROAD		82	Street	Address (P.O. Box Number is Not Acceptable)			
	NTATION FL 33324		83					
, 50			03					
			84	City		FL 85	Zip C	ode
44 Durauant	to the provisions of Costings 607.060	2 and 607 1508 Florida Statutes	the above	-named	corporation submits this statement for the purpor	e of chang	ing its	registered
office or n agent. I a	egistered agent; or both, in the State in familiar with, and accept the obligation	of Florida. Such change was auth tions of, Section 607.0505, Florida	orized by a Statutes	the corp	corporation submits this statement for the purpos poration's board of directors. I hereby accept the a	ppointment	as reg	jistered
SIGNATURE		(NOTE: De	-i-t i	i elenatura i	required when reinstating) DAT			
	Signature, typed or printed name of registered agen OFFICERS AN		13.	t signature i	ADDITIONS/CHANGES TO OFFICER		ECTO'	RS IN 12
TITLE	PD	DELETE	11 TITLE		PD PD		hange	Addition
	BLISS, NORMAN R.		1.2 NAME		ADAMS, BRADLEY			
NAME .	1744 PAYNE		1.3 STREET	ADDDEEC	1			
STREET ADDRESS		•						
CITY-ST-ZIP	CLEVELAND, OH 00000	. DELETE	1.4 CITY-S	I-ZIP	CLEVELAND, OH 44114	IXI C	hange	Addition
TITLE	VD				~			
NAME	PATEL, BABU K.		2.2 NAME		R.M. Coddington			
STREET ADDRESS	1744 PAYNE AVE.		2.3 STREET		1			
CITY-ST-ZIP	CLEVELAND OH 00000		2.4 CITY-5	T-ZIP	Shaker Hts., OH 44120		hange	Addition
TITLE	D	☐X DELETE	3.1 TITLE			ПС	ianye	
NAME	WATSON, THOMAS JR		3.2 NAME		1			
STREET ADDRESS	P.O. BOX 34071 N.A.)	3.3 STREET	ADDRESS	· [
CITY-ST-ZIP	WASHINGTON DC 20043		3.4. CITY - S	T-ZIP				
TITLE	DVT	[X] DELETE	4.1 TITLE			□c	hange	Addition
NAME	RINDERER, DAVID		4. 2 NAME					
STREET ADDRESS	1091 BRUSH HILL ROAD		4.3 STREET	ADDRESS			-	
CITY-ST-ZIP	MILTON MA 02186		4.4 CITY - S	r-zie				
TITLE	VD	☐ DELETE	5.1 TITLE			C	hange	Addition
NAME	SAINI, BAL R		5.2 NAME					
STREET ADDRESS	1744 PAYNE AVE		5.3 STREET	ADDRESS	;			
CITY-ST-ZIP	CLEVELAND OH		5.4 CITY-S	T-ZIP				
TITLE	VD	☐ DELETE	61 TITLE				hange	☐ Addition
NAME	COLLINS, DAVID L		6.2 NAME					
STREET ADDRESS	2925 BRIARPARK DR. STE 950		6.3 STREET	ADDRESS				
STREET NUMBERS	ESES DIMAIN AIN DIN, SIL 350	'						

14. 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 annual report or supplemental annual 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 of the receiver or trusted appears in Block 12 or Block 13 if changed, or of a attention of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the corporation of the corporation of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation o

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 11, 30, 199(216) 696-3141

FILED

Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90026 044 ***158.75

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