

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838896

1. Entity Name

PREMIERCO SERVICE CORPORATION

Principal Place of Business

4500 EUCLID AVE  
CLEVELAND OH 44103

Mailing Address

PO BOX 94884  
4500 EUCLID AVE  
CLEVELAND OH 44101-4884

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 34-1149285

Applied For

Not Applicable

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV  
NAME FISHER, ANDREW  
STREET ADDRESS FARNELL HOUSE, SANDBECK WAY  
CITY-ST-ZIP WETHERBY WE 65224 ☐ Delete

TITLE S  
NAME PAUL M BARLAK  
STREET ADDRESS 4500 Euclid Ave.  
CITY-ST-ZIP Cleveland, OH 44117 ☐ Change ☒ Addition

TITLE DVT  
NAME EVANSON, WILLIAM J  
STREET ADDRESS 4500 EUCLID AVENUE  
CITY-ST-ZIP CLEVELAND OH ☒ Delete

TITLE T  
NAME SCHILLO, JEFFREY A.  
STREET ADDRESS 4500 EUCLID AVE  
CITY-ST-ZIP CLEVELAND, OH ☐ Change ☒ Addition

TITLE DVP  
NAME SIMS, PHILIPS  
STREET ADDRESS 4500 EUCLID AVE.  
CITY-ST-ZIP CLEVELAND OH ☒ Delete

TITLE DV  
NAME COSTELLO, PETER  
STREET ADDRESS 4500 EUCLID AVE  
CITY-ST-ZIP CLEVELAND, OH ☐ Change ☐ Addition

TITLE P  
NAME HAMILTON, WILLIAM M  
STREET ADDRESS 4500 EUCLID AVENUE  
CITY-ST-ZIP CLEVELAND OH ☐ Delete

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

TITLE VS  
NAME MULLEN, KENNETH J  
STREET ADDRESS FARNELL HOUSE, SANDBECK WAY  
CITY-ST-ZIP WETHERBY WE 65224 ☒ Delete

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

TITLE V  
NAME DAPRILE, JOSEPH R  
STREET ADDRESS 4500 EUCLID AVENUE  
CITY-ST-ZIP CLEVELAND OH ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Secretary March 19, 2001  
Paul M Barlak  
Date 216 Daytime Phone # 361-7446

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90030 046 \*\*\*150.00

C0043905



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)