

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842823 (7)

1. Corporation Name
CFS ONE, INC.



Principal Place of Business

127 PUBLIC SQUARE
CLEVELAND OH 44114-1306
US

Mailing Address

C/O CORPORATE TAX DEPARTMENT
127 PUBLIC SQ 13TH FLOOR
CLEVELAND OH 44114-1306
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

03/19/1979

3a. Date of Last Report

05/01/1995

4. FEI Number

63-0649183

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if the agent is an individual

Signature, typed or printed name of registered agent, if the agent is a corporation

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AS
PECL, LINDA C
55 PUBLIC SQUARE
CLEVELAND OH

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
TOMMER, DAVID B.
55 PUBLIC SQUARE
CLEVELAND OH

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
IRWIN, THOMAS
55 PUBLIC SQUARE
CLEVELAND OH

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
NEEL, THOMAS M
127 PUBLIC SQUARE
CLEVELAND OH

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NOALL, ROGER
127 PUBLIC SQUARE
CLEVELAND OH

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

AS
Bulloch, Steven N
127 Public Square
Cleveland OH 44114

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

P
Mismas, Daniel J
55 Public Square
Cleveland OH 44114

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven N. Bulloch

4/25/96

(216) 689-5266

Optional Practice #

CR2E034 (12/95)