

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 853922**

1. Entity Name

**CADILLAC PLASTIC GROUP, INC.**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90064 031 \*\*\*150.00

Principal Place of Business <b>200 PUBLIC SQUARE SUITE 36-5000 CLEVELAND OH 44114-2304 US</b>	Mailing Address <b>200 PUBLIC SQUARE SUITE 36-5000 CLEVELAND OH 44114-2381 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>31-0258670</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip <b>44114-2304</b>	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DARRAGH, K J</b> <b>16520 PARKLAND DRIVE</b> <b>SHAKER HTS OH 44120</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BUCHEN, G.M.</b> <b>1990 GOLFOVIEW DRIVE, APT. 207</b> <b>TROY, MI 48084</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SACHS, C R</b> <b>3287 LANDER ROAD</b> <b>PEPPER PIKE OH 44124</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>COOK, JOHN J.</b> <b>15 STONEWOOD DRIVE</b> <b>MORELAND HILLS OH</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>301 ROCKLEDGE DRIVE</b> <b>BAY VILLAGE, OH 44140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>TITAS, F.G.</b> <b>1572 CLUBSIDE ROAD</b> <b>LYNDHURST OH</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PHILLIPS, PED W.</b> <b>5549 FOREST LANE</b> <b>BRECKSVILLE OH</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S/D</b> <b>PYKE, JR., J. S.</b> <b>17808 LAKE AVENUE</b> <b>LAKEWOOD, OH 44107</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:** John S. Pyke, Jr. **2/3/00** **216/589-4173**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

853922

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CADILLAC PLASTIC GROUP, INC.

ADDITIONAL OFFICERS

V

McDonald, M. D.

5416 Capri Drive, Troy, MI 48098

V

Duffey, M. S.

500 Club Drive, Aurora, OH 44202

V

Taylor, T. A.

4826 Flower Hill Drive, Troy, MI 48098

C

Lindsey, T. E.

2752 Gibson Drive, Rocky River, OH 44116

AS

Hahn, R. E.

19443 Frazier Drive, Rocky River, OH 44116

2/2/00

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