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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **857570** **(6)**

1. Corporation Name
**LEASEWAY DELIVERIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| TAX DEPARTMENT<br>3700 PARK EAST DRIVE<br>CLEVELAND OH 44122 | TAX DEPARTMENT<br>3700 PARK EAST DRIVE<br>CLEVELAND OH 44122 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 08/29/1983 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 16-0901871 | ☐ 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 |
| 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MANIKOWSKI, JOHN A | 12 NAME | |
| STREET ADDRESS | 1100 JORIE BLVD., #332 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | OAK BROOK IL | 14 CITY-ST-ZIP | |
| TITLE | S | 21 TITLE | ☐ Change ☐ Addition |
| NAME | KATZ, RICHARD S. | 22 NAME | |
| STREET ADDRESS | 3700 PARK EAST DRIVE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | CLEVELAND OH | 24 CITY-ST-ZIP | |
| TITLE | T | 31 TITLE | ☐ Change ☐ Addition |
| NAME | GLADSTONE, ROGER S. | 32 NAME | |
| STREET ADDRESS | 3700 PARK EAST DRIVE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | CLEVELAND OH | 34 CITY-ST-ZIP | |
| TITLE | AVP | 41 TITLE | ☐ Change ☐ Addition |
| NAME | HOLESKI, W.L. | 42 NAME | |
| STREET ADDRESS | 3700 PARK EAST DRIVE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | CLEVELAND OH | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | Director XX Change ☐ Addition |
| NAME | DAMSEL,R.A. | 52 NAME | Darius W. Gaskins, Jr. |
| STREET ADDRESS | 3700 PARK EAST DRIVE | 53 STREET ADDRESS | 3700 Park East Drive |
| CITY-ST-ZIP | CLEVELAND OH | 54 CITY-ST-ZIP | Cleveland, OH |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | CARDEN, CHARLES B. | 62 NAME | |
| STREET ADDRESS | 3700 PARK EAST DRIVE | 63 STREET ADDRESS | |
| CITY-ST-ZIP | CLEVELAND OH | 64 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)(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 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:** Walter L Holeski Walter L. Holeski Asst. Vice President APR 5 1995 216-765-5764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0384767 CP