

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90249 009 ***150.00

DOCUMENT # 858211

1. Corporation Name

GUND BUSINESS ENTERPRISES, INC.

Principal Place of Business
**1228 EUCLID AVE. 6TH FL.
CLEVELAND OH 44115**

Mailing Address
**1228 EUCLID AVE. 6TH FL.
CLEVELAND OH 44115**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1983

4. FEI Number

34-1392190

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

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

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P GUND, GORDON
STREET ADDRESS
14 NASSAU ST
CITY-ST-ZIP
PRINCETON NJ

TITLE ☐ DELETE

NAME
VP KOSCINSKI, KAREN L
STREET ADDRESS
1228 EUCLID AVE 6TH FL
CITY-ST-ZIP
CLEVELAND OH

TITLE ☐ DELETE

NAME
VS WATSON, RICHARD T.
STREET ADDRESS
15555 N. PARK LANE
CITY-ST-ZIP
CLEVELAND HTS. OH

TITLE ☐ DELETE

NAME
VP MIRANDE, TIM W
STREET ADDRESS
1228 EUCLID AVE 6TH FL
CITY-ST-ZIP
CLEVELAND OH

TITLE ☐ DELETE

NAME
T MILLER, JAMES
STREET ADDRESS
1288 EUCLID AVE 6TH FLOOR
CITY-ST-ZIP
CLEVELAND OH

TITLE ☐ DELETE

NAME
D GUND, GORDON
STREET ADDRESS
14 NASSAU ST.
CITY-ST-ZIP
PRINCETON NJ

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Karen L. Kosciński **Karen L. Kosciński, VP** 4/26/99 216-579-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

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