## 2002 Uniform Business Report (UBR)

## Apr 01, 2002 8:00 am Secretary of State F00000000415 DOCUMENT # 1. Entity Name 04-01-2002 90047 012 \*\*\*150.00 CONFERON, INC. Mailing Address Principal Place of Business 2500 ENTERPRISE PARKWAY EAST 2500 ENTERPRISE PARKWAY EAST TWINSBURG OH 44087-2337 TWINSBURG OH 44087-2337 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 34-1139972 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANEELY, LESLIE Street Address (P.O. Box Number is Not Acceptable) 2224 OCEAN DRIVE SOUTH, APARTMENT 1 JACKSONVILLE BEACH FL 32250 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) Change Addition TITLE Director ☐ Delete TITLE **CPD** Stewart KOLL NAME NAME HARRIS, BRUCE W CR2E034 50 Public Souare STREET ADDRESS STREET ADDRESS 2500 ENTERPRISE PARKWAY EAST Cleveland ohio CITY-ST-ZIP CITY-ST-ZIP TWINSBURG OH 44087-2337 ☐ Addition ☐ Change ☐ Delete TITLE TITLE VSD NAME NAME STRAUSS, ANDREW W STREET ADDRESS STREET ADDRESS 50 PUBLIC SQUARE, SUITE 4000 CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH 44113 . .. 🚊 🕍 Change ■ Addition D----Delete -TITLE TITLE NAME NAME BALL, CORBIN STREET ADDRESS STREET ADDRESS 506 14TH STREET CITY-ST-7IP CITY-ST-ZIP BELLINGHAM WA 98225 ☐ Addition Change Delete TITLE TITLE NAME NAME LUTZ, DAVID J STREET ADDRESS STREET ADDRESS 2500 ENTERPRISE PARKWAY EAST CITY-ST-ZIP CITY-ST-ZIP TWINSBURG OH 44087-2337 Change Addition TITL F Delete TITLE NAME NAME GUERRIERO, MICHAEL S STREET ADDRESS STREET ADDRESS 2500 ENTERPRISE PARKWAY EAST CITY-ST-ZIP CITY-ST-ZIP TWINSBURG OH 44087-2337 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. My Chael 5. Guerrice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael S. Guerriero

330-445-8333

Daytime Phone #