

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006936

1. Entity Name

ILS, TECHNOLOGY, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91106 019 \*\*\*150.00

Principal Place of Business

23000 EUCLID AVE.  
CLEVELAND OH 44117

Mailing Address

23000 EUCLID AVE.  
CLEVELAND OH 44117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1932632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRAWFORD, EDWARD F	
STREET ADDRESS	23000 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VS	<input type="checkbox"/> Delete
NAME	COZEN, RONALD J	
STREET ADDRESS	23000 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ELLIOTT, RICHARD P	
STREET ADDRESS	23000 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	POEPELLMAN, ROBERT L	
STREET ADDRESS	23000 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOGARTY, PATRICK W	
STREET ADDRESS	23000 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CRAWFORD, MATTHEW V	
STREET ADDRESS	23000 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

*Robert L. Poeppelman*

Robert L. Poeppelman, VP-TAX

4/16/01

(216) 692-7076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)