

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90176 028 \*\*\*150.00

**DOCUMENT #** F00000007055

**1. Entity Name**  
QQAgency, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 17800 Royalton Road Suite, Apt. #, etc.	<b>3. Mailing Address</b> 17800 Royalton Road Suite, Apt. #, etc.
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<b>City &amp; State</b> Strongsville, OH	<b>City &amp; State</b> Strongsville, OH
<b>Zip</b> 44136	<b>Zip</b> 44136
<b>Country</b>	<b>Country</b>

<b>4. FEI Number</b> 34-1920453	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
Corporation Service Company

**Street Address (P.O. Box Number is Not Acceptable)**  
1201 Hays Street

**City**  
Tallahassee

**FL** **Zip Code**  
32301

**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. I am familiar with, and accept the obligations of registered agent.**

<b>SIGNATURE</b> Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.

<b>10. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b> President	<b>TITLE</b> NAME	
<b>NAME</b> George A. Gehringer	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b> 17800 Royalton Road	<b>CITY - ST - ZIP</b> Strongsville, OH 44136	
<b>TITLE</b> Secretary	<b>TITLE</b> NAME	
<b>NAME</b> Denise A. Blackwell	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b> 17800 Royalton Road	<b>CITY - ST - ZIP</b> Strongsville, OH 44136	
<b>TITLE</b> Treasurer	<b>TITLE</b> NAME	<b>DO NOT WRITE IN THIS SPACE</b>
<b>NAME</b> David A. Canzone	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b> 17800 Royalton Road	<b>CITY - ST - ZIP</b> Strongsville, OH 44136	
<b>TITLE</b> Vice President	<b>TITLE</b> NAME	
<b>NAME</b> Gloria J. Williams	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b> 17800 Royalton Road	<b>CITY - ST - ZIP</b> Strongsville, OH 44136	
<b>TITLE</b> NAME	<b>TITLE</b> NAME	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> NAME	<b>TITLE</b> NAME	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	

**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *David A. Canzone* **4-15-03** **(440) 572-2400**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**