

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000003914

1. Entity Name
THE ULTIMATE WARRANTY CORPORATION



Principal Place of Business
**21360 CENTER RIDGE ROAD
ROCKY RIVER, OH 44116**

Mailing Address
**44 PIERCE STREET
KINGSTON, PA 18704**



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1538380

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MICHAEL, DAVID
STREET ADDRESS	21360 CENTER RIDGE RD
CITY- ST- ZIP	ROCKY RIVER, OH 44116
TITLE	VD
NAME	SCATENA, ANTHONY R
STREET ADDRESS	44 PIERCE STREET
CITY- ST- ZIP	KINGSTON, PA 18704
TITLE	D
NAME	MICHAEL, DAVID SR
STREET ADDRESS	21360 CENTER RIDGE RD
CITY- ST- ZIP	ROCKY RIVER, OH 44116
TITLE	PD
NAME	CLARK, MICHAEL
STREET ADDRESS	23160 CENTER RIDGE RD.
CITY- ST- ZIP	ROCKY RIVER, OH 44116
TITLE	VTD
NAME	JORDAN, EDUARDO
STREET ADDRESS	21360 CENTER RIDGE RD.
CITY- ST- ZIP	ROCKY RIVER, OH 44116
TITLE	VSD
NAME	BARBIAUX, JOSEPH
STREET ADDRESS	23160 CENTER RIDGE RD.
CITY- ST- ZIP	ROCKY RIVER, OH 44116

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05/19/06-80040-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #