


2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 DEC 27 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000006186 1. Entity Name CHAMPION FINANCIAL SERVICES, INC.					
Principal Place of Business 2 GATEHALL DRIVE PARSIPPANY, NJ 07045				Mailing Address 2 GATEHALL DRIVE PARSIPPANY, NJ 07045	
2. Principal Place of Business		3. Mailing Address 127 Public Square, 2nd Fl.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Attn: L. Mandryk City & State Cleveland, OH			
Zip	Country	Zip	Country	4. FEI Number 31-1748803	
44114	USA	1306	USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent 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 agent and accepting the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Deborah D. Skipper</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> Deborah D. Skipper Asst. V. Pres. </div> <div style="width: 20%; text-align: right;"> 12/27/2005 <small>DATE</small> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 </div> <div style="width: 70%;"></div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARPE, MICHAEL R 800 SUPERIOR AVE. CLEVELAND, OH 44114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLOONAN, WILLIAM P 127 PUBLIC SQUARE CLEVELAND, OH 441141306	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BULLOCH, STEVEN N 127 PUBLIC SQUARE CLEVELAND, OH 441141306	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHOSSER, DOUGLAS 127 PUBLIC SQUARE CLEVELAND, OH 441141306	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPNISKY, JACK L 127 PUBLIC SQUARE CLEVELAND, OH 44114	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISLER, ROBERT B JR 127 PUBLIC SQUARE CLEVELAND, OH 44114	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Howard E. Coburn 127 Public Square Cleveland, OH 44114-1306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael R. Sharpe 800 Superior Avenue Cleveland, OH 44114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marc A. Vosen 127 Public Square Cleveland, OH 44114-1306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Howard E. Coburn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Howard E. Coburn, Secretary <small>Date</small>		
11/11/05			216-689-5436		

K. Eckel DEC 28 2005.