

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F02000006186

1. Entity Name  
CHAMPION FINANCIAL SERVICES, INC.



Principal Place of Business  
2 GATEHALL DRIVE  
PARSIPPANY, NJ 07045

Mailing Address  
127 PUBLIC SQUARE, 2ND FL.  
ATTN: L. MANDRYK  
CLEVELAND, OH 44114-1306



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1748803

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000588061  
01/16/07-80038-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SHARPE, MICHAEL R
STREET ADDRESS	800 SUPERIOR AVE.
CITY-ST-ZIP	CLEVELAND, OH 44114
TITLE	S
NAME	COBURN, HOWARD E
STREET ADDRESS	127 PUBLIC SQUARE
CITY-ST-ZIP	CLEVELAND, OH 441141306
TITLE	S
NAME	BULLOCH, STEVEN N
STREET ADDRESS	127 PUBLIC SQUARE
CITY-ST-ZIP	CLEVELAND, OH 441141306
TITLE	T
NAME	SCHOSSER, DOUGLAS
STREET ADDRESS	127 PUBLIC SQUARE
CITY-ST-ZIP	CLEVELAND, OH 441141306
TITLE	D
NAME	SHARPE, MICHAEL R
STREET ADDRESS	800 SUPERIOR AVENUE
CITY-ST-ZIP	CLEVELAND, OH 44114
TITLE	D
NAME	VOSEN, MARC A
STREET ADDRESS	127 PUBLIC SQUARE
CITY-ST-ZIP	CLEVELAND, OH 441141306

**DO NOT WRITE  
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:

*Howard E. Coburn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD E. COBURN 1/8/07  
Secretary

Date

Daytime Phone #