

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2003 8:00 am**  
**Secretary of State**

08-12-2003 90018 030 \*\*\*550.00

**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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1748803**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 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 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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HUGHES, WOODROW 800 SUPERIOR AVE. CLEVELAND OH 44114</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HUGHES, WOODROW 800 SUPERIOR AVE. CLEVELAND OH 44114</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SHOOK, JAMES 800 SUPERIOR AVE. CLEVELAND OH 44114</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ZEIGER, RICHARD G 127 PUBLIC SQUARE CLEVELAND OH 44114-1306</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BULLOCH, STEVEN N 127 PUBLIC SQUARE CLEVELAND OH 44114-1306</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCHOSSER, DOUGLAS 127 PUBLIC SQUARE CLEVELAND OH 44114-1306</b> <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Michael R. Sharpe 800 Superior Avenue Cleveland, OH 44114</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>See Attached Lists for Current Officers and Directors</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard G. Zeiger, Secretary 08-08-03**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#

**CHAMPION FINANCIAL SERVICES, INC.**

DIRECTORS

Full Legal Name: **Jack L. Kopnisky**  
Business Addr: 127 Public Square  
Cleveland, OH 44114

Full Legal Name: **Robert Bauman Heisler, Jr.**  
Business Addr: 127 Public Square  
Cleveland, Ohio 44114

Full Legal Name: **Michael R. Sharpe**  
Business Addr: 800 Superior Avenue  
Cleveland, Ohio 44114

80137870  
F02000006186

Attachment #

80137870

OFFICERS F02000006186

Full Legal Name: **Michael R. Sharpe - Chief Executive Officer**  
Business Addr: 800 Superior Avenue  
Cleveland, Ohio 44114

Full Legal Name: **Douglas M. Schosser - Treasurer**  
Business Addr: 800 Superior Avenue  
Cleveland, Ohio 44114

Full Legal Name: **Richard G. Zeiger - Secretary**  
Business Addr: 127 Public Square  
Cleveland, Ohio 44114

Full Legal Name: **Steven N. Bulloch - Assistant Secretary**  
Business Addr: 127 Public Square  
Cleveland, Ohio 44114

Full Legal Name: **Charles Gardner - Vice President**  
Business Addr: 2 Gatehall Drive  
Parsipanny, NJ 07054

Full Legal Name: **Catherine L Largent - Vice President**  
Business Addr: 702 W. Idaho  
Boise, ID 83702

Full Legal Name: **Joanne Mule'-DiPaolo - Vice President**  
Business Addr: 154 Quaker Road  
Queensbury, New York 12804

Full Legal Name: **Christopher Werling - Assistant Vice President**  
Business Addr: 2 Gatehall Drive  
Parsippany, NJ 07054

Full Legal Name: **Carol Moore - Licensing Officer**  
Business Addr: 800 Superior Avenue  
Cleveland, Ohio 44114