


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000134 1. Entity Name HATHAWAY BROWN SCHOOL CORPORATION	
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Principal Place of Business 19600 NORTH PARK BLVD CLEVELAND, OH 44122	Mailing Address 19600 NORTH PARK BLVD CLEVELAND, OH 44122
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DO NOT WRITE IN THIS SPACE



06042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 34-0711426	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent QUINN, MARIA 850 PARK SHORE DR. TRIANON CENTER 3RD FL NAPLES, FL 34103

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHRIST, WILLIAM 19600 NORTH PARK BLVD SHAKER HEIGHTS, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HUGHES, VALERIE 19600 NORTH PARK BLVD SHAKER HEIGHTS, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCREANY, MEREDITH 3160 TOPPING LANE HUNTING VALLEY, OH 44022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLINGTON, RICHARD R 13792 COUNTY WINE RD CHAQUIN FALLS, OH 44022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRISWOLD, JAMES B 3200 NATIONAL CITY CENTER CLEVELAND, OH 44114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTLAND, THOMAS J 600 SUPERIOR AVE EAST CLEVELAND, OH 44114

U000000162167
06/07/04-80001-020 61.25

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IN THIS SPACE**

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 617, 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: <u>Valerie Hughes</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	6-4-04 Date	216-320-8082 Daytime Phone #
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