


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2007 8:00 am**  
**Secretary of State**

08-13-2007 90020 004 \*\*\*\*61.25

<b>DOCUMENT # F03000000134</b> 1. Entity Name <b>HATHAWAY BROWN SCHOOL CORPORATION</b>					
Principal Place of Business <b>19600 NORTH PARK BLVD CLEVELAND, OH 44122</b>			Mailing Address <b>19600 NORTH PARK BLVD CLEVELAND, OH 44122</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>34-0714426</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUINN, MARIA HAHN LOESER AND PARKS LLP 3301 BONITA BEACH DR #308 BONITA SPRINGS, FL 34134-7836</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>CHRIST, WILLIAM</b> <b>19600 NORTH PARK BLVD</b> <b>SHAKER HEIGHTS, OH 44122</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VC</b> <b>HUGHES, VALERIE</b> <b>19600 NORTH PARK BLVD</b> <b>SHAKER HEIGHTS, OH 44122</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MCCREARY, MEREDITH</b> <b>3160 TOPPING LANE</b> <b>HUNTING VALLEY, OH 44022</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Loyal W. Wilson</b> <b>5900 Landerbrook Drive, Suite 200</b> <b>Mayfield Heights, OH 44124</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>HOLLINGTON, SALLY S</b> <b>13792 COUNTY WINE RD</b> <b>CHAGRIN FALLS, OH 44022</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>Jane Outcalt</b> <b>14505 Hartwell Trail Novelty, OH 44072</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>GRISWOLD, JAMES B</b> <b>21210 COLBY RD</b> <b>CLEVELAND, OH 44722</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>HARTLAND, THOMAS J</b> <b>600 SUPERIOR AVE EAST</b> <b>CLEVELAND, OH 44114</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>William A. Powell III</b> <b>525 E. Market Street Akron, OH 44309</b> <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 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 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.					
<b>SIGNATURE:</b> <i>Valerie Hughes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-9-07      216-320-8082 <small>Date      Daytime Phone #</small>		