

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90031 004 ***150.00

DOCUMENT # F03000003431	
1. Entity Name MIS ABSTRACT AGENCY OF PENNSYLVANIA, INC.	

Principal Place of Business 111 SINCLAIR RD. BRISTOL PA 19007	Mailing Address 4853 GALAXY PKWY 4877 Galaxy Pkwy STE 5 STE I WARRENSVILLE HTS OH 44128
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete CCEO STEIN-SAPIR, LEONARD R 4877 GALAXY PARKWAY, SUITE I CLEVELAND OH 44128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete DS KAUFMAN, STEVEN S 1500 REPUBLIC BLDG 25 PROSPECT AVE CLEVELAND OH 44115
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete VP TORMOLLEN, RANDI 111 SINCLAIR RD. BRISTOL PA 19007
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete CFO ROSSMAN, TODD A 4853 GALAXY PKWY STE 5 4877 Galaxy Pkwy, STE I CLEVELAND OH 44128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 lines empowered.

SIGNATURE: Todd A. Rossman CFO **4-22-08 216 593-5480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #