


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

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| DOCUMENT # F04000001381 1. Entity Name THE RICHARD E. JACOBS GROUP, INC. |  |
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| Principal Place of Business 25425 CENTER RIDGE ROAD WEST LAKE, OH 44145 | Mailing Address 25425 CENTER RIDGE ROAD WEST LAKE, OH 44145 |
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06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 34-1911289 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOP JACOBS, RICHARD E 25425 CENTER RIDGE ROAD WEST LAKE, OH 44145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SMITH, JUDSON E 25425 CENTER RIDGE ROAD WEST LAKE, OH 44145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS HANSEN, WILLIAM R 25425 CENTER RIDGE ROAD WEST LAKE, OH 44145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCGIVNEY, KRITSTINE 25425 CENTER RIDGE ROAD WEST LAKE, OH 44145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| 1000000372181 07/11/05-80020-021 550.00 |
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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: Kristine McGivney 7-6-05 440 871 4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #